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Southern Cross Marine

GREEN MOUNTAIN AGENCY, INC.
Post Office Box 828
Rutland, Vermont 05702-0828
Phone: (802) 775-5579

Application for MOL/SRL/GL

Please complete the attached Questionnaire as fully as possible and where possible attach information sheets.

IMPORTANT: THIS IS NOT A BINDER.				
PROPOSED POLICY PERIOD	EFFECTIVE DATE	EXPIRATION DATE	NEW POLICY	EXPIRING POLICY
	12:01 AM	12:01 AM	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Name of Insured/s: _____
 Mailing Address: _____
 Location (attach separate sheet if more than one): _____
 Number of years in business: _____
 Interest of the Named Insured/s in the described premises: Owner General Lease Tenant Other
 (Describe) _____
 Type of Risk: Yacht Club _____ Marina _____ Other _____
 (Describe) _____
 Limit required (per occurrence) \$ _____
 Deductible required (per occurrence) \$ _____

Underwriting Information - All Questions must be answered

How long in operation under present management _____ years
 Name and past experience of key personnel _____
 Number of employees _____ Annual payroll \$ _____
 Fire protection:
 Public _____ Paid _____ Volunteer _____ Distance from premises _____
 Number of fire hydrants on premises _____ Number of fire extinguishers _____
 If racked storage how many sprinkler heads per pod _____
 Give full description of other fire protections _____
 Is a formal safety program in force YES / NO _____
 Person to contact for survey _____
 Is night-watchman employed on premises YES / NO _____

Are premises floodlit at night YES / NO _____ Is storage area fenced in YES / NO _____
Describe fencing _____

Does the facility own any automobiles YES / NO _____

Is hired and non-owned auto liability required YES / NO _____

ANTICIPATED ANNUAL GROSS RECEIPTS FOR OPERATION

Mooring / slip rental \$ _____ Ship store / marine store \$ _____

Alcoholic Beverage \$ _____

Storage normal \$ _____ Restaurant / snack bar \$ _____

Alcoholic Beverage \$ _____

Storage racked \$ _____ Hotel / Campground \$ _____

Hauling / launching \$ _____ Watercraft rental \$ _____

Fueling \$ _____ New / Used boat sales \$ _____

Repairs / servicing \$ _____ Other _____

CLAIMS AND LOSSES OVER THE LAST FIVE YEARS - List all losses and give full details. Use separate sheet if necessary _____

SPECIFIC INFORMATION IN RESPECT OF MARINA OPERATORS

Number of docks _____ Number of slips _____ Covered _____ Uncovered _____

Percentage of available slips normally rented at any one time _____ %

Maximum number of slips in use at any one time _____ %

Average value of boats per slip \$ _____ Maximum value \$ _____

If racked storage, how many pods _____ Percentage of available pods rented at any one time _____ %
Maximum number in use at any one time _____ %

Average number of boats stored ashore at any one time Normal _____ Racked _____

Maximum number of boats stored ashore at any one time Normal _____ Racked _____

Average value of any one boat stored ashore \$ _____

Maximum value of any one boat stored ashore \$ _____

Hauling and launching: Describe methods and equipment used _____

Average number of boats launched / hauled per day _____

Maximum number of boats launched / hauled per day _____

Repairs and servicing carried out:

Servicing _____ % (Mechanical _____ % Electrical _____ %)

Rigging _____ % Painting _____ % Welding / burning _____ % Other _____ % (describe)

Inside building _____ % Outside in yard or at slip _____ %

Fueling: Gas _____ % Diesel _____ % Does the insured and/or his employees do all of the fueling
YES / NO ___ If NO, explain _____

Other operations (describe) _____

SPECIFIC INFORMATION IN RESPECT OF SHIP REPAIRERS OR MARINE ARTISANS

Details of yard facilities i.e. wet / dry docks, piers, wharves, onshore facilities, etc. _____

Gross receipts during past 12 months \$ _____ Estimate Gross receipts for next
twelve months \$ _____

Type of repairs carried out _____

Percentage: servicing _____ % (mechanical _____ % electrical _____ %)

Rigging _____ % Painting _____ % Welding / burning _____ % Other _____ %

(describe) _____

Number of vessels repaired annually _____ Type of vessel, size, tonnage, etc. _____

Average value per vessel \$ _____

Maximum value per vessel \$ _____

If any reconstruction, fabrication, assembly or other onshore work please give details and percentage of operations. Use separate sheet if necessary _____

Movement of third party property by land or water is automatically covered within 25 miles of scheduled premises. Any movement in excess of 25 miles must be pre-approved and any additional premium paid. If movement in excess of 25 miles normally occurs on a regular basis:

i) average number of times per month _____

ii) average length of movement _____ miles.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____

DATE _____

PRODUCER'S SIGNATURE _____

DATE _____