

### **NATIONAL MARINA PROGRAM APPLICATION**

Producer's Name  Street Address  City, State & Zip  1. List and describe any business owned, operated, or managed by the insured, including any lessed.  2. Number of years in business  3. Number of full-time employees  4. Proposed effective date  5. Please provide name of current carriers, expiring premiums and policy expiration dates  Current Carrier Name  Expiring Premiums  Policy Expiration Date  6. Is the insured a subsidiary of any other entity or does the insured have any subsidiaries?  Yes  No If yes, please describe  7. Any policy or coverage declined, cancelled or non-renewed during the prior three years?  Yes  No If yes, please explain					ame of Insured	Na
Survey Contact/Phone #  Email					lailing Address	Ма
Individual Partnership Corporation Corpora					ity, State & Zip	City
Individual Partnership Corporation Corporation Corporation Corporation Corporation Corporation Street Address  City, State & Zip  1. List and describe any business owned, operated, or managed by the insured, including any less compared to the insured of part-time employees and including any less corporation of full-time employees and part-time employees.  In the insured and including any less corporation of part-time employees.  In the proposed effective date are provide name of current carriers, expiring premiums and policy expiration dates.  Current Carrier Name Expiring Premiums Policy Expiration Date and part of the proposed effective and part of the proposed effective date.  In the insured a subsidiary of any other entity or does the insured have any subsidiaries? Yes No If yes, please describe and proposed effective date.  The proposed effective date are proposed effective date.  In the insured a subsidiary of any other entity or does the insured have any subsidiaries?  The proposed effective date are proposed effective date.  The propose				one #	urvey Contact/Pho	Su
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·			ain	No If yes, please expla	Yes N	
	ount been	, how many years has this acco	Yes No If no,	new to the producer?		8.
9. Has the insured ever declared bankruptcy? Yes No If yes, give details.		o If yes, give details.	cy? Yes No	d ever declared bankrupt	. Has the insured	9.

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Loc	ations: (complete addresses)
1.	
2.	
3.	
4.	

### **Coverages Requested**

Marina Operators Liability Owned Watercraft

General Liability Property

Boat Dealer's Equipment/Tools

Protection & Indemnity Piers, Wharves & Docks (complete supplemental app)

#### PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES

Gross Receipts		Sales		
<u>Activity</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>	
Mooring, Slip & Doc Rental	\$	Boats & Engines	\$	
Storage	\$	Ships Store	\$	
Repair	\$	Snack Bar/Restaurant	\$	
Fueling	\$	Liquor	\$	
Hauling/Launching	\$	Other Sales*	\$	
Rental Boats	\$	Total Sales	\$	
Rental (Leased Property)	\$			
Boat brokerage/fees & commissions	\$			
Other Receipts*	\$			
Total Receipts	\$			
*Please identify source of other receipts		*Please identify source of other	er sales	
Prior Year's Total Gross Receipts	\$	Prior Year's Total Sales	\$	

#### **General Information**

Protection at locations Yes No

	LOCATIONS			
	1	2	3	4
Alarm with outside gong or siren				
Completely fenced and floodlighted				
Automatic/emergency fuel shutoff valve				
Other security measures				
Watchman service after business hours				
Describe nature & extent of watchman				
How is boat dealer inventory protected				

#### **Fire Protection**

		LOCATIONS			
	1	2	3	4	
Paid or Volunteer					
Distance from location(s)					
Public fire hydrants - # and distance					
Public fire mains – size and pressure					
Local fireboat available					
Describe any private fire protection					

Describe any private fire protection					
Mar	ina Operato	ors Liabili	ity		
1. Limits requested:					
A. Any one vessel \$					
B. Any one accident or occurrence \$					
2. Deductible requested \$	(r	minimum \$1	000)		
•			•		
Docking and Mooring		4		CATIONS	
Slips available for rent		1	2	3	4
Moorings available for rent					
Average value of yachts	\$	\$		\$	\$
Maximum value of yachts	\$	\$		\$	\$
Any slips under a common roof	Ψ	Ψ		<u> </u>	Ψ
How many					
Hauling and Launching Describe hauling & launching facility and equi	ipment (indicat	e lifting capa	acity)		
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_	ipment (indicat	e lifting capa		CATIONS 3	4
Describe hauling & launching facility and equi  Storage*  Maximum number of yachts stored at any tin the past year			LOG		4
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Storage*  Maximum number of yachts stored at any tin the past year  Number stored in summer  Number stored in winter  Average value of yachts			LOG		\$
Describe hauling & launching facility and equi  Storage*  Maximum number of yachts stored at any tin the past year  Number stored in summer  Number stored in winter  Average value of yachts  Maximum value of yachts	ne in	1 \$	LO0 2	\$	
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# Repair Operations

A. Type of vessels		
B. Type of work		
C. Highaat value of a	av and valet rendined last value	r .

E. Are vessel owners allowed to work on their own vessels? Yes No

F. Any sub-contractors used? Yes No If yes:

a. Do you obtain Certificate of Insurance from sub-contractor?

Yes

No

b. Is it equivalent to our MOLL limit? Yes No

#### **Fueling**

A. Any fueling for other than boats? Yes No

B. Who performs fueling of boats? Employee Boat Owner Both

C. Smoking signs posted and enforced? Yes No

D. Automatic or shut-off switch? Yes No

### **General Liability**

Limits Requested (choose one)	Option A	Option B	Option C
A. General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000
B. Products-Completed Ops Aggregate	\$1,000,000	\$500,000	\$300,000
C. Personal and Advertising Injury	\$1,000,000	\$500,000	\$300,000
D. Each Occurrence	\$1,000,000	\$500,000	\$300,000
E. Fire Damage (Any One Fire)	\$100,000	\$100,000	\$100,000
F. Medical Expense (Any One Person)	\$5,000	\$5,000	\$5,000
Products Sold (ex boats & ship stores)	Annual Sales	No. of Units	Intended Use
	\$		
	\$		
	\$		
	\$		

#### Explain all "Yes" responses in Remarks section:

1.	Does applicant install, service, or demonstrate products	s? Yes	No	
2.	Foreign products sold, distributed, used as components	s? Yes	No	
3.	Research and development conducted or new products	s planned?	Yes	No
4.	Guarantees, warranties, hold harmless agreements?	Yes	No	
5.	Products recalled, discontinued, changed? Yes	No		
6.	Products of others sold or repackaged under applicant'	s label?	Yes	No
7.	Products under label of others? Yes No			
8.	Vendors coverage required? Yes No			
9.	Does any named insured sell to other named insureds?	? Yes	No	

Please attach literature, brochures, labels, warnings, etc.

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Remarks:

Additional interests/certificate recipients? Yes No

Name and Address				
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3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials? Yes No 4. Any operations sold, acquired or discontinued in the last 5 years? Yes No 5. Any parking facilities owned/operated? Yes No Number of Parking Spaces 6. Is a fee charged for parking? Yes No 7. Recreation facilities provided? Yes No 8. Is there a swimming pool on the premises? Yes No 9. Sporting or social events sponsored? Yes No 10. Any structural alterations contemplated? Yes No 11. Any demolition exposure contemplated? Yes No 12. Does insured use sub-contractors? Yes No 13. Does insured use sub-contractor receipts    Boat Dealer's	1.	Any medical facilities provided or d	octor employed/contracted? Yes	s No
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4. Any operations sold, acquired or discontinued in the last 5 years? Yes No 5. Any parking facilities owned/operated? Yes No Number of Parking Spaces 6. Is a fee charged for parking? Yes No 7. Recreation facilities provided? Yes No 8. Is there a swimming pool on the premises? Yes No 9. Sporting or social events sponsored? Yes No 10. Any structural alterations contemplated? Yes No 11. Any demolition exposure contemplated? Yes No 12. Does harbormaster live on premises? Yes No 13. Does insured use sub-contractors? Yes No If yes, indicate sub-contractor receipts  **Remarks:**  **Boat Dealer's**  1. Limits requested:	3.	Do operations involve storing, treat	ing, discharging, applying, disposing, o	r transporting of hazardous
5. Any parking facilities owned/operated? Yes No Number of Parking Spaces 6. Is a fee charged for parking? Yes No 7. Recreation facilities provided? Yes No 8. Is there a swimming pool on the premises? Yes No 9. Sporting or social events sponsored? Yes No 10. Any structural alterations contemplated? Yes No 11. Any demolition exposure contemplated? Yes No 12. Does harbormaster live on premises? Yes No 13. Does insured use sub-contractors? Yes No 14. If yes, indicate sub-contractor receipts  Boat Dealer's  1. Limits requested: A. Any one vessel \$ B. Any one location \$ C. Any one accident or occurrence each location \$ C. Any one accident or occurrence each location \$ C. Deductible each occurrence each location \$ C. Pool of boats sold and manufacturer Are any high performance boats sold? Yes No		materials? Yes No		
6. Is a fee charged for parking? Yes No 7. Recreation facilities provided? Yes No 8. Is there a swimming pool on the premises? Yes No 9. Sporting or social events sponsored? Yes No 10. Any structural alterations contemplated? Yes No 11. Any demolition exposure contemplated? Yes No 12. Does harbormaster live on premises? Yes No 13. Does insured use sub-contractors? Yes No 14. If yes, indicate sub-contractor receipts  Remarks:    Boat Dealer's	4.	Any operations sold, acquired or di	scontinued in the last 5 years?	Yes No
7. Recreation facilities provided? Yes No 8. Is there a swimming pool on the premises? Yes No 9. Sporting or social events sponsored? Yes No 10. Any structural alterations contemplated? Yes No 11. Any demolition exposure contemplated? Yes No 12. Does harbormaster live on premises? Yes No 13. Does insured use sub-contractors? Yes No 14. If yes, indicate sub-contractor receipts  Remarks:    Boat Dealer's	5.	Any parking facilities owned/operat	ed? Yes No Number o	f Parking Spaces
8. Is there a swimming pool on the premises? Yes No 9. Sporting or social events sponsored? Yes No 10. Any structural alterations contemplated? Yes No 11. Any demolition exposure contemplated? Yes No 12. Does harbormaster live on premises? Yes No 13. Does insured use sub-contractors? Yes No If yes, indicate sub-contractor receipts    Boat Dealer's	6.	Is a fee charged for parking?	Yes No	
9. Sporting or social events sponsored? Yes No 10. Any structural alterations contemplated? Yes No 11. Any demolition exposure contemplated? Yes No 12. Does harbormaster live on premises? Yes No 13. Does insured use sub-contractors? Yes No 14. If yes, indicate sub-contractor receipts  Remarks:    Boat Dealer's	7.	•		
10. Any structural alterations contemplated? Yes No  11. Any demolition exposure contemplated? Yes No  12. Does harbormaster live on premises? Yes No  13. Does insured use sub-contractors? Yes No  If yes, indicate sub-contractor receipts  Remarks:    Boat Dealer's	8.	<u> </u>		
11. Any demolition exposure contemplated? Yes No  12. Does harbormaster live on premises? Yes No  13. Does insured use sub-contractors? Yes No  If yes, indicate sub-contractor receipts  Remarks:    Boat Dealer's	-			
12. Does harbormaster live on premises? Yes No  13. Does insured use sub-contractors? Yes No  If yes, indicate sub-contractor receipts  Remarks:  Boat Dealer's  1. Limits requested:     A. Any one vessel \$     B. Any one location \$     C. Any one accident or occurrence \$ 2. Deductible each occurrence each location \$     (minimum \$2,500)  Type of boats sold and manufacturer Are any high performance boats sold? Yes No		·		
13. Does insured use sub-contractors? Yes No If yes, indicate sub-contractor receipts  Remarks:  Boat Dealer's  1. Limits requested: A. Any one vessel \$ B. Any one location \$ C. Any one accident or occurrence \$ 2. Deductible each occurrence each location \$ Type of boats sold and manufacturer Are any high performance boats sold?  Yes No				
Remarks:  Boat Dealer's  1. Limits requested: A. Any one vessel \$ B. Any one location \$ C. Any one accident or occurrence \$ 2. Deductible each occurrence each location \$				
Remarks:  Boat Dealer's  1. Limits requested: A. Any one vessel \$ B. Any one location \$ C. Any one accident or occurrence \$ 2. Deductible each occurrence each location \$ Type of boats sold and manufacturer Are any high performance boats sold?  Yes No	13.			
Boat Dealer's  1. Limits requested: A. Any one vessel \$ B. Any one location \$ C. Any one accident or occurrence \$ 2. Deductible each occurrence each location \$ (minimum \$2,500)  Type of boats sold and manufacturer Are any high performance boats sold?  Yes No		If yes, indicate sub-contrac	tor receipts	
Boat Dealer's  1. Limits requested: A. Any one vessel \$ B. Any one location \$ C. Any one accident or occurrence \$ 2. Deductible each occurrence each location \$ (minimum \$2,500)  Type of boats sold and manufacturer Are any high performance boats sold?  Yes No	Dοι	marke:		
1. Limits requested:  A. Any one vessel \$  B. Any one location \$  C. Any one accident or occurrence \$  2. Deductible each occurrence each location \$ (minimum \$2,500)  Type of boats sold and manufacturer  Are any high performance boats sold? Yes No	Kei	ilaiks.		
1. Limits requested:  A. Any one vessel \$  B. Any one location \$  C. Any one accident or occurrence \$  2. Deductible each occurrence each location \$ (minimum \$2,500)  Type of boats sold and manufacturer  Are any high performance boats sold? Yes No				
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A. Any one vessel \$ B. Any one location \$ C. Any one accident or occurrence \$ 2. Deductible each occurrence each location \$ (minimum \$2,500)  Type of boats sold and manufacturer Are any high performance boats sold? Yes No			Bout Boulor o	
B. Any one location \$ C. Any one accident or occurrence \$ 2. Deductible each occurrence each location \$ (minimum \$2,500)  Type of boats sold and manufacturer Are any high performance boats sold? Yes No	1.	Limits requested:		
C. Any one accident or occurrence \$  2. Deductible each occurrence each location \$ (minimum \$2,500)  Type of boats sold and manufacturer  Are any high performance boats sold? Yes No		A. Any one vessel \$		
C. Any one accident or occurrence \$  2. Deductible each occurrence each location \$ (minimum \$2,500)  Type of boats sold and manufacturer  Are any high performance boats sold? Yes No		B. Any one location \$		
Deductible each occurrence each location \$ (minimum \$2,500)  Type of boats sold and manufacturer Are any high performance boats sold?  Yes No		•	÷ \$	
Type of boats sold and manufacturer Are any high performance boats sold?  Yes No	2			(minimum \$2,500)
Are any high performance boats sold? Yes No	۷.	Deddenbie eden occurrence eden i	σοαιίστι ψ	(ππταπτ ψ2,300)
Are any high performance boats sold? Yes No	Tvr	ne of boats sold and manufacturer		
· · ·			Yes No	
Are any personal watercraft or jet skis sold? Yes No		, ,		

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Yes

No

Are any snowmobiles sold?

Inventory: include all boats, marine engines, boat trailers & marine supplies, accessories and parts held for sale.

Location		Last Inventory Date*	Prior Inventory Date	Average Monthly Inventory
Loc 1	Building	\$	\$	\$
	Open Area	\$	\$	\$
	In Water	\$	\$	\$
Loc 2	Building	\$	\$	\$
	Open Area	\$	\$	\$
	In Water	\$	\$	\$
Loc 3	Building	\$	\$	\$
	Open Area	\$	\$	\$
	In Water	\$	\$	\$
Loc 4	Building	\$	\$	\$
	Open Area	\$	\$	\$
	In Water	\$	\$	\$

<sup>\*</sup>Should be 6 months from prior inventory date

	<b>Trans</b>	it	Ext	os	ures
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A.	Are any boats delivered from mfr. at insured's risk?	Yes	No	If yes, how are t	hey delivered	l?	
	Maximum value any one boat \$	Maximum	value any	one delivery \$			
B.	Are any boats delivered by water to the insured?  If yes, from where?	Yes	No				
C.	Total values of boats delivered by insured during the	past year:	\$				
	By public carrier \$						
Ε.	Dy applicant's vahials (*						
F. <i>i</i>				aximum			
G.	Number of boats delievered to purchaser by water						
H. Average distance		Average value \$					
_	at Shows						
Nu	mber of boat shows annually	Nu	ımber of b	ooats each show _			
ln ۱	water or on land Maxim	num dollar lim	nit any on	e show \$			
A۷	erage distance to show	Maximum	distance t	o show			
Tra	ansported by common carrier or own vehicles?						
De	monstrations						
Nu	mber per month	Maximum	value any	one boat \$			
	eximum mph any one boat		·				
ls l	poat under command of competent employee?	YesÁ	No				
	\/Ai^{ [ } strators equipped with full complement of U.		ard require	ed safety equipme	nt? Yes	No	
	nere are demonstrations performed?		•	, , ,			
ΝΛil	es from shore . Distar	nce from dea	larchin				

## Protection and Indemnity

• •	Marina Operators	s	Yes	No						
	Boat Dealers		Yes	No						
	Work Boats		Yes	No	How many?					
	Rental Boats		Yes	No	How many?					
Other owned boats (excl	l boats for sale)		Yes	No	How many?					
Coverage only applies to section of the application		sted under C	Owned Wa	tercraft co	overage. Plea	se schedule in the next				
Limit requested \$		Ded	luctible Re	quested	\$					
For owned watercraft, ar Experience of employee				-	number of cre					
Please fully describe work boat/rental boat/other owned boat operation if you are requesting P&I coverage for these vessels.										
Owned Watercraft  Full describe any operation for which you are requesting coverage for owned watercraft:										
Please complete the follo					1					
Description/Serial Num	ıber*	Value	D/	/A	Year Built	Location				
		\$								
		\$								
		\$								
		\$								
		\$								
*Include length, hull mat	erial and HP.									
If you are requesting coverage for boats that are rented, please submit a copy of the applicable rental agreement as well as a description of your rental qualification standards.										
Navigation area of above vessel(s)										
Property Insurance										
(1) Location # B	uilding #	А	CV 80 %	or	Replaceme	ent Cost 90%				
Subject of Insurance	Description				Limit					
Building					\$					
Contents		_		-	\$					

\$

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Other

Deductible \$ (minimum \$1,000)									
How is this building used by the insured?									
Construction type				Protection	Class				
Year Built				mber of Sto	ries				
Building Improvements									
			Roofing (yr) P		umbing (yr)				
Burglar alarm:	Yes								
Sprinkler alarm:	Yes	No	Describe						
Basement:	Yes	No							
Business Income and Extra Expense Coverage – Actual Loss Sustained  Requested Limit \$ Coinsurance 80%									
Requested Limit \$			Comsu	rance 60%					
(2) Location # B	uilding#		ACV 80 %	or I	Replacement Cost 90%				
Subject of Insurance	Description				Limit				
Building					\$				
Contents					\$				
Other					\$				
	(min								
How is this building used	d by the insure	d?							
Construction type				Protection	Class				
Year Built	Total Area		Nu	mber of Sto	ries				
Other occupancies									
Building Improvements									
Wiring (yr) Roofing (yr) Plumbing (yr)				umbing (yr)					
Burglar alarm:	Yes	No							
Sprinkler alarm:	Yes	No	Describe						
Basement:	Yes	No							
Dusiness Income and Fr	utra Evranaa (	20,,000	^ ^ *********** C						
Business Income and Ex			0-:						
Requested Limit \$			Comsu	rance 80%					
(3) Location # Building # ACV 80 % or Replacement Cost 90%									
Subject of Insurance	Description				Limit				
Building					\$				
Contents					\$				
Other \$					\$				
Deductible \$ (minimum \$1,000)									
How is this building used by the insured?									
Construction type Protection Class									
Year Built Total Area Number of Stories									
Other occupancies									
Building Improvements									
· · · · · · · · · · · · · · · · · · ·	Heating (yr)		Roofing (yr)	PI	umbing (yr)				
Burglar alarm:	Yes	No	<b>-</b> "						
Sprinkler alarm:	Yes	No	Describe						
Basement:	Yes	No							
Dascilicit.	169	110							

Business Income and E	xtra Expense C	overage				
Requested Limit \$	C	Coinsurance 80%				
(4) Location # B	uilding #		ACV 8	0 % or	Replacen	nent Cost 90%
Subject of Insurance	Description				Limit	
Building			\$			
Contents					\$	
Other					\$	
Deductible \$	(minir	num \$1	,000)			
How is this building used	d by the insured	?				
Construction type				Pro	tection Class	
Year Built	Total Area			Num	ber of Stories	
Building Improvements						
Wiring (yr)	Heating (yr)		Roofing (v		Plumbing (	yr)
Burglar alarm:						
Sprinkler alarm:	Yes	No	Describe			
Basement:	Yes	No				
Do you generate/produc	, solar, fuel cell,	rself or engine	to sell back /generator) a	and size (r	l? Yes	No g in kilowatts) of the power
		ı	Equipmen	t/Tools		
Equipment Coverage: I	ndicate Valuatio	n:	ACV 80 %	or F	Replacement Co	ost 90%
Complete the following	or submit sched	ule.*				
Description		Valu	e	D/A	Serial #	Location
,		\$				
		\$				
		\$				
		\$				

\$

<sup>\*</sup>All equipment over \$2,500 must be scheduled.

### **FOR ALL SECTIONS**

#### Mortgagee/Loss Payees

mortgagoorzooo i ayooo		_	_
Name and Address	Interest	Coverage Section(s)	Location
		Applicable	
	_		
	_		
	<u> </u>	<u> </u>	
Loss Pacard: Whather insuran	aco ie in force or not liet :	all losses incurred during	the past five years arising from
operations covered by this form		_	-
settled.	TOI policy, including date	, cause, amount paid or	estimated amount, ii daim not
Settled.			
If none, state "none."			
ANY PERSON WHO KNOWIN	ICI Y AND WITH INTEN	T TO DEERALID ANY IN	ASTIBANCE COMPANY OR
			ANY FALSE INFORMATION, OR
			RNING ANY FACT MATERIAL
THERETO, COMMITS A FRAI	UDULENT INSURANCE		ME AND MAY BE SUBJECT TO
FINES AND CONFINEMENT I	N PRISON.		
1			
		Signature of A	Applicant
		_	
		Date	
il			