



# National Marina Program

## Application

Name of Assured \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
State & Zip \_\_\_\_\_  
Survey Contact/Phone # \_\_\_\_\_

Individual       Partnership       Corporation       Other

Producer's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State & Zip \_\_\_\_\_

1. List and describe any business owned, operated, or managed by the insured, including any lessor's risk \_\_\_\_\_

2. Number of years in business \_\_\_\_\_

3. Proposed effective date \_\_\_\_\_

4. Please provide name of current carriers, expiring premiums, and policy expiration dates \_\_\_\_\_

5. Is the insured a subsidiary of any other entity or does the insured have any subsidiaries? If yes, please describe \_\_\_\_\_

6 Any policy or coverage declined, cancelled, or non-renewed during the prior three years? If yes, explain \_\_\_\_\_

### Locations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Coverages Requested

Marina Operators

General Liability

Protection & Indemnity

Boat Dealer's

Property Insurance

Piers, Wharves & Docks

Equipment/Tools

Owned Watercraft

**PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES  
FOR ALL SECTIONS - RECEIPTS AND SALES INFORMATION**

**Gross Receipts**

**Gross Sales**

<u>Activity</u>	<u>Amount</u>
Dock rental	\$ _____
Storage	\$ _____
Repair	\$ _____
Fueling	\$ _____
Hauling/Launching	\$ _____
Rental (boats)	\$ _____
Rental (Leased property)	\$ _____
All other receipts *	\$ _____
<b>Total Receipts</b>	<b>\$ _____</b>

\*Please identify source of other receipts:

\_\_\_\_\_

<u>Type</u>	<u>Amount</u>
Boat Sales	\$ _____
Boat brokerage comm.	\$ _____
Ship Store Sales	\$ _____
Restaurant Sales	\$ _____
Other Sales**	\$ _____
<b>Total Sales</b>	<b>\$ _____</b>

\*\* Please identify source of other sales:

\_\_\_\_\_

**General Information**

**Protection at locations (Yes or No)**

	LOCATIONS					
	1	2	3	4	5	6

U/L certified central station alarm \_\_\_\_\_

Watchman service after business hours \_\_\_\_\_

Describe nature & extent of watchman \_\_\_\_\_

Alarm with outside gong or siren \_\_\_\_\_

Completely fenced and floodlighted \_\_\_\_\_

Automatic/emergency fuel shutoff valve? \_\_\_\_\_

**Fire Protection**

	LOCATIONS					
	1	2	3	4	5	6

Paid or volunteer \_\_\_\_\_

Distance from location(s) \_\_\_\_\_

Public fire hydrants - # and distance \_\_\_\_\_

Public fire mains - size and pressure \_\_\_\_\_

Describe any private fire protection \_\_\_\_\_

## Section 1 - Marina Operators Liability

1. Limits requested:

- A. Any one vessel \$ \_\_\_\_\_  
 B. Any one accident or occurrence \$ \_\_\_\_\_

2. Deductible requested \$ \_\_\_\_\_ (minimum \$1,000)

### Docking and Mooring

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
Slips available for rent?	\$	\$	\$	\$	\$	\$
Buoys available for rent?	\$	\$	\$	\$	\$	\$
Average value of yachts	\$	\$	\$	\$	\$	\$
Maximum value of yachts	\$	\$	\$	\$	\$	\$
Any slips under a common roof?						

Describe type of heavy lift equipment and indicate lifting capacity \_\_\_\_\_  
 \_\_\_\_\_

### Storage\*

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
Max. number of yachts stored at any time in past year?						
Number stored in summer?						
Number stored in winter?						
Average value of yachts						
Max. value of yachts						

- A. Are yachts stored afloat between 12/1 AND 4/1? \_\_\_\_\_  
 B. Are yachts stored inside a building? \_\_\_\_\_  
 If yes, are they on racks? \_\_\_\_\_ Sprinkler system? \_\_\_\_\_  
 C. Type of building construction \_\_\_\_\_  
 D. Fire rate \_\_\_\_\_  
 E. Are yachts stored outside on racks? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

**\* If you provide any storage a copy of the storage agreement is required for coverage to apply.**

### Repair Operations

- A. Type of vessels \_\_\_\_\_  
 B. Type of work \_\_\_\_\_  
 C. Highest value of any one yacht repaired last year \$ \_\_\_\_\_  
 D. Describe any commercial ship repair work you do and provide receipts \_\_\_\_\_  
 E. Receipts (non-commercial) past 12 months \$ \_\_\_\_\_

## Section 2 - 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      # Of Units      Intended Use

	Annual Sales	# Of Units	Intended Use
	\$	#	
	\$	#	
	\$	#	
	\$	#	

### Explain all "yes" responses

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

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

Additional interests/certificate recipients \_\_\_\_\_

Name and address	Interest	Certificate

### General Information

Explain all "yes" responses

	YES	NO
1. Any medical facilities provided or doctor employed/contracted?	[ ]	[ ]
2. Any exposure to radioactive/nuclear material?	[ ]	[ ]
3. Do operations involve storing, treating, discharging, applying, disposing or transporting or hazardous material?	[ ]	[ ]
4. Any operations sold, acquired or discontinued in last 5 years?	[ ]	[ ]
5. Any parking facilities owned/operators? Number of parking spaces _____	[ ]	[ ]
6. Is a fee charged for parking?	[ ]	[ ]
7. Recreation facilities provided?	[ ]	[ ]
8. Is there a swimming pool on the premises?	[ ]	[ ]
9. Sporting or social events sponsored?	[ ]	[ ]
10. Any structural alterations contemplated?	[ ]	[ ]
11. Any demolition exposure contemplated?	[ ]	[ ]
12. Does harbormaster live on premises?	[ ]	[ ]
13. Does insured use sub contractors? If so, indicate percentage of receipts _____ %	[ ]	[ ]

Remarks: \_\_\_\_\_

## Section 3 - Boat Dealer's Insurance

**Requested Limits:**

- A. Limit any one vessel: \$ \_\_\_\_\_
- B. Limit any one location: \$ \_\_\_\_\_
- C. Limit any one accident or occurrence: \$ \_\_\_\_\_
- D. Deductible each occurrence each location: \$ \_\_\_\_\_ (minimum \$1,000)

Type of boats and manufacturer \_\_\_\_\_

Location	Last Inventory Date _____	Prior Inventory * Date _____	Average Monthly Inventory _____
Loc 1 Bldg . -	\$ _____		
Open Area -	\$ _____		
In Water -	\$ _____		
Loc 2 Bldg. -	\$ _____		
Open Area -	\$ _____		
In Water -	\$ _____		
Loc 3 Bldg. -	\$ _____		
Open Area -	\$ _____		
In Water -	\$ _____		
Loc 4 Bldg. -	\$ _____		
Open Area -	\$ _____		
In Water -	\$ _____		
Loc 5 Bldg. -	\$ _____		
Open Area -	\$ _____		
In Water -	\$ _____		

**\* Should be six months from prior inventory date.**

**Transit Exposures:**

- A. Are any boats delivered from mfg. at Insureds' risk? \_\_\_\_\_ If yes, how are they delivered?  
 \_\_\_\_\_  
 Max. value any one boat \_\_\_\_\_ Max. value any one-delivery \_\_\_\_\_
- B. Are any boats delivered by water to the insured? \_\_\_\_\_ If yes, from where? \_\_\_\_\_
- C. Total values of boats delivered by insured during the past year: \$ \_\_\_\_\_
- D. By public carrier \$ \_\_\_\_\_
- E. By applicant's vehicle \$ \_\_\_\_\_
- F. Average distance the boats are transported \_\_\_\_\_ Maximum \_\_\_\_\_
- G. Number of boats delivered to purchaser by water \_\_\_\_\_
- H. Average distance \_\_\_\_\_ Average Value \$ \_\_\_\_\_

**Boat Shows**

- # of boat shows annually \_\_\_\_\_ # of boats each show \_\_\_\_\_
- In water or on land \_\_\_\_\_
- Maximum dollar limit any one show \$ \_\_\_\_\_
- Average/maximum distance to show \_\_\_\_\_
- Transported by common carrier or own vehicles? \_\_\_\_\_

**Demonstrations**

- Maximum value any one boat \$ \_\_\_\_\_
- Maximum mph any one boat \_\_\_\_\_
- Is boat under command of competent employee? \_\_\_\_\_
- Are demonstrators equipped with full complement of U.S. Coast Guard required safety equipment? \_\_\_\_\_

### *Section 4 - Piers, Wharves and Docks*

**Indicate Valuation**      ACV 80% (If over 10 years old)      RC 90%      (Circle One)

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
Number of floating docks						
Number of fixed piers						
Insured value for docks						
Insured value for piers						

**Attach a diagram of the docks/piers.**

Describe the floating docks and piers: \_\_\_\_\_  
 \_\_\_\_\_

Indicate type of construction \_\_\_\_\_

Indicate type of floatation devices \_\_\_\_\_

Indicate type of mooring devices \_\_\_\_\_

Age of docks \_\_\_\_\_ Age of piers \_\_\_\_\_

Are the slips open or covered? \_\_\_\_\_

Number of open slips \_\_\_\_\_ Number of covered slips \_\_\_\_\_

Describe the maintenance program \_\_\_\_\_

Describe firefighting capabilities \_\_\_\_\_

**Deductible Requested**      \$ \_\_\_\_\_ (\$1,000 Minimum)

### *Section 5 - Protection And Indemnity*

Sections Applicable	Marina operators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Boat dealers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Work Boats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
	Rental boats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
	Other owned boats (excl. boats for sale)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____

For work boats, rental boats and other owned boats, indicate make, year built, length and horsepower for each \_\_\_\_\_  
 \_\_\_\_\_

**Limit Requested**      \$ \_\_\_\_\_

For owned watercraft, are crew covered? \_\_\_\_\_ If yes, # \_\_\_\_\_

Please fully describe work boat / rental boat / other owned boat operation if you are requesting P & I coverage for these vessels \_\_\_\_\_  
 \_\_\_\_\_

## Section 6 - Property Insurance

**(1) Premises Information:** CV (ACV 80%) or Repl. Cost (RC 90%) (Circle one)

Location No \_\_\_\_\_ Building No \_\_\_\_\_

<u>Subject of Insurance:</u>	<u>Limit</u>
Building _____	\$ _____
Contents _____	\$ _____
Other _____	\$ _____
Deductible _____ (minimum \$1000)	
Year built _____	
How is this building used by the Insured? _____	
Construction type _____ Protection class _____ RCP Code _____	
Total area _____ Other occupancies _____	

Building improvements \_\_\_\_\_  
Wiring, yr. \_\_\_\_\_ Heating, yr. \_\_\_\_\_  
Roofing, yr. \_\_\_\_\_ Plumbing, yr. \_\_\_\_\_ # of stories \_\_\_\_\_

Burglar Alarm  Yes  No Describe \_\_\_\_\_  
Sprinkler Alarm  Yes  No Describe \_\_\_\_\_  
Basement  Yes  No

**Business Income and Extra Expense Coverage - Actual Loss Sustained**  
Requested Limit \$ \_\_\_\_\_ COINSURANCE 80%

**(2) Premises Information:** CV (ACV 80%) or Repl. Cost (RC 90%) (Circle one)

**Location No \_\_\_\_\_ Building No \_\_\_\_\_**

<u>Subject of Insurance:</u>	<u>Limit</u>
Building _____	\$ _____
Contents _____	\$ _____
Other _____	\$ _____
Deductible _____ (minimum \$1000)	
Year built _____	
How is this building used by the Insured? _____	
Construction type _____ Protection class _____ RCP Code _____	
Total area _____ Other occupancies _____	

Building improvements \_\_\_\_\_  
Wiring, yr. \_\_\_\_\_ Heating, yr. \_\_\_\_\_  
Roofing, yr. \_\_\_\_\_ Plumbing, yr. \_\_\_\_\_ # of stories \_\_\_\_\_

Burglar Alarm  Yes  No Describe \_\_\_\_\_  
Sprinkler Alarm  Yes  No Describe \_\_\_\_\_  
Basement  Yes  No

**Business Income and Extra Expense Coverage - Actual Loss Sustained**  
Requested Limit \$ \_\_\_\_\_ COINSURANCE 80%

**(3) Premises Information: ACV (ACV 80%) or Repl. Cost (RC 90%) (Circle one)**

Location No \_\_\_\_\_ Building No \_\_\_\_\_

**Subject of Insurance:**

**Limit**

Building \_\_\_\_\_ \$ \_\_\_\_\_

Contents \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Deductible \_\_\_\_\_ (minimum \$1000)

Year built \_\_\_\_\_

How is this building used by the Insured? \_\_\_\_\_

Construction type \_\_\_\_\_ Protection class \_\_\_\_\_ RCP Code \_\_\_\_\_

Total area \_\_\_\_\_ Other occupancies \_\_\_\_\_

Building improvements \_\_\_\_\_

Wiring, yr. \_\_\_\_\_ Heating, yr. \_\_\_\_\_

Roofing, yr. \_\_\_\_\_ Plumbing, yr. \_\_\_\_\_ # of stories \_\_\_\_\_

Burglar Alarm  Yes  No Describe \_\_\_\_\_

Sprinkler Alarm  Yes  No Describe \_\_\_\_\_

Basement  Yes  No

**Business Income and Extra Expense Coverage - Actual Loss Sustained**

Requested Limit \$ \_\_\_\_\_ COINSURANCE 80%

**(4) Premises Information: ACV (ACV 80%) or Repl. Cost (RC 90%) (Circle one)**

Location No \_\_\_\_\_ Building No \_\_\_\_\_

**Subject of Insurance:**

**Limit**

Building \_\_\_\_\_ \$ \_\_\_\_\_

Contents \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Deductible \_\_\_\_\_ (minimum \$1000)

Year built \_\_\_\_\_

How is this building used by the Insured? \_\_\_\_\_

Construction type \_\_\_\_\_ Protection class \_\_\_\_\_ RCP Code \_\_\_\_\_

Total area \_\_\_\_\_ Other occupancies \_\_\_\_\_

Building improvements \_\_\_\_\_

Wiring, yr. \_\_\_\_\_ Heating, yr. \_\_\_\_\_

Roofing, yr. \_\_\_\_\_ Plumbing, yr. \_\_\_\_\_ # of stories \_\_\_\_\_

Burglar Alarm  Yes  No Describe \_\_\_\_\_

Sprinkler Alarm  Yes  No Describe \_\_\_\_\_

Basement  Yes  No

**Business Income and Extra Expense Coverage - Actual Loss Sustained**

Requested Limit \$ \_\_\_\_\_ COINSURANCE 80%

**(5) Premises Information: ACV (ACV 80%) or Repl Cost (RC 90%) (Circle one)**

Location No \_\_\_\_\_ Building No \_\_\_\_\_

**Subject of Insurance:**

**Limit**

Building \_\_\_\_\_ \$ \_\_\_\_\_

Contents \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Deductible \_\_\_\_\_ (minimum \$1000)

Year built \_\_\_\_\_

How is this building used by the Insured? \_\_\_\_\_

Construction type \_\_\_\_\_ Protection class \_\_\_\_\_ RCP Code \_\_\_\_\_

Total area \_\_\_\_\_ Other occupancies \_\_\_\_\_

Building improvements \_\_\_\_\_

Wiring, yr. \_\_\_\_\_ Heating, yr. \_\_\_\_\_

Roofing, yr. \_\_\_\_\_ Plumbing, yr. \_\_\_\_\_ # of stories \_\_\_\_\_

Burglar Alarm  Yes  No Describe \_\_\_\_\_

Sprinkler Alarm  Yes  No Describe \_\_\_\_\_

Basement  Yes  No

**Business Income and Extra Expense Coverage - Actual Loss Sustained**

Requested Limit \$ \_\_\_\_\_ COINSURANCE 80%

**(6) Premises Information: ACV (ACV 80%) or Repl Cost (RC 90%) (Circle one)**

Location No \_\_\_\_\_ Building No \_\_\_\_\_

**Subject of Insurance:**

**Limit**

Building \_\_\_\_\_ \$ \_\_\_\_\_

Contents \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Deductible \_\_\_\_\_ (minimum \$1000)

Year built \_\_\_\_\_

How is this building used by the Insured? \_\_\_\_\_

Construction type \_\_\_\_\_ Protection class \_\_\_\_\_ RCP Code \_\_\_\_\_

Total area \_\_\_\_\_ Other occupancies \_\_\_\_\_

Building improvements \_\_\_\_\_

Wiring, yr. \_\_\_\_\_ Heating, yr. \_\_\_\_\_

Roofing, yr. \_\_\_\_\_ Plumbing, yr. \_\_\_\_\_ # of stories \_\_\_\_\_

Burglar Alarm  Yes  No Describe \_\_\_\_\_

Sprinkler Alarm  Yes  No Describe \_\_\_\_\_

Basement  Yes  No

**Business Income and Extra Expense Coverage - Actual Loss Sustained**

Requested Limit \$ \_\_\_\_\_ COINSURANCE 80%

**Section 7 - Equipment/Tools**

**Equipment Coverage:**      **Indicate Valuation**    ACV 80%    REPL COST 90% (circle one)

**Complete the following or submit schedule**

<u>Description</u>	<u>Value</u>	<u>D/A</u>	<u>Serial Number</u>	<u>Location</u>

**Section 8 - Owned Watercraft**

**Owned Watercraft Coverage**    **Indicate Valuation**    ACV 80%    REPL COST 90% (circle one)

**Fully describe any operation for which you are requesting coverage for owned watercraft**

---

---

**Please complete the following or submit a detailed schedule**

<b>Description</b>	<b>Value</b>	<b>D/A</b>	<b>Serial Number</b>	<b>Location</b>

*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.*

**Mortgagees/Loss Payees**

<b>Name and Address</b>	<b>Interest</b>	<b>Coverage Section(s) Applicable</b>	<b>Location</b>

*Section 9 – Loss Information*

**APPLICABLE TO ALL SECTIONS 1 through 8:**

**Loss Record:** List all claims incurred during the past five years to property or from operations covered by this form of policy, including date, cause, amount paid or estimated amount, if claim not settled. **If none, state "none."**

---

---

---

---

---

---

---

---

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DATE