

Marine Facilities Group Application

Boat Dealers, Marina Operators, Piers and Docks

This is not a Binder

Applicant Name and Location:	Agent Information:
	Producer Code:
Present Insurance Carrier:	Reason Being Replaced:
Producer is current agent of record: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current premium:
Expiration date of current policy:	Inspection contact: _____ Phone #:
Years in business:	Has insurance ever been cancelled: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please explain:

Experience of principals:

Please answer the following questions about the yard (buildings): Attach extra sheet for additional locations	Location A	Location B	Location C
U/L Certified Central Station Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm with Outside Siren	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete Fence and Floodlight	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watchman Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Lives on Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bubble System (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paid Fire Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Miles from Fire Station	_____ miles	_____ miles	_____ miles
Public Fire Hydrants - Number & Distance	_____ / _____ miles	_____ / _____ miles	_____ / _____ miles

Describe any Private Fire Protection:

Comments:

Applicant Name: _____ Producer Name: _____

Marina Operator Section (continued)

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Mooring/Docking Rentals:	Location A	Location B	Location C
Maximum Number of Slips/Moorings to Rent:			
Actual Number Rented:			
Maximum Value of Any One Boat:			
Total Value of All Boats:			
Do Any of the Slips Have Roofs: How Many:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Any of the Slips Owned by Boat Owners: How Many:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hauling and Launching:

Number of Boats Handled Last Year: _____
 Type of Equipment Ramps Cranes Other (Please Explain): _____
 Rated Capacity of Lifting Equipment: _____
 Frequency of Maintenance of Equipment: _____

Fueling:

Type of Fuel Sold: Gas Diesel Both
 Are Propane Tanks Refilled on Premises: Yes No
 Who Performs the Fueling of Boats: Employee Boat Owner Both
 Are Smoking Signs Posted and Enforced: Yes No
 Other Servicing - Please Describe: _____

Owned Watercraft:

This section applies only to Work Boats used on conjunction with Marina and Boat Dealer Operations. Private Pleasure Use is not covered

Schedule of Boats:	Value	Deductible
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
Liability Limit Requested: \$		Deductible: \$
Crew Coverage Required: Yes No		If yes, How Many:
Navigation Not to Exceed:		Miles from Premises:

Applicant Name: _____ Producer Name: _____

Piers and Docks Section

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Loss Payee: Any Loss Is Payable As Interest May Appear To The Policy Holder And:

Mortgagee Name And Address:

How Many Miles To Nearest Fire Station: Miles Paid Volunteer

Watchman Service Provided: Yes No If Yes, Explain Type Of Service:

Firefighting Equipment On Premises: Yes No If Yes, Explain Type Of Equipment:

Are Any Of The Piers/Docks Removed For Winter: Yes No If Yes, State Which Pier/Dock And Where They Are Stored:

If Seasonal Operations, State From (Mm/Dd/Yy): To (Mm/Dd/Yy):

When Were Pilings Last Inspected: When Were Pilings Last Replaced:

Please Provide A Brief Description Of Maintenance Program:

*Sketch or diagram must be attached to this application.

Item Number	Description Of Dock/Pier	Year Built	Type of Construction	Covered	Fixed or Floating	Value per Selection
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

Applicant Name: _____ Producer Name: _____

Piers and Docks Section (continued)

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*Sketch Or Diagram Must Be Attached To This Application

	Requested Deductible (Minimum \$10,000)	Fuel Pump	Electricity	Other services provided to boats	Roofs (R), Awnings (A) or Open (O)
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Important Notice Regarding The Fair Credit Reporting Act: As part of our underwriting procedure, an investigative consumer report may be made which could include information regarding your character, general reputation, personal characteristics and mode of living. This information will be used solely by the underwriting insurance company(s). Future reports may be used for an update, renewal or extension of your insurance. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

Applicant's Statement: I certify that the information on this application to the best of my knowledge is correct and complete. I have read or had read to me the completed application. I realize that any material misstatement or misrepresentation in the application may result in loss of coverage. I understand this information is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the company to accept the risk. I understand and agree that the company may obtain from third parties information regarding me, my business, and employees, including driving records, financial credit information and prior claims information. I understand that I have the right of access and correction with respect to all such information collected and that the Company will provide further information regarding my statutory rights upon request. I understand that if insurance is offered and accepted by me that the information and documentation provided by me and which served as the basis for this application for insurance will become part of the policy that is issued.