



OCEAN MARINE
MARINE FACILITIES GROUP

APPLICATION FOR YACHT CLUB INSURANCE

AGENT NAME: _____ PRODUCER CODE: _____
 NAME OF YACHT CLUB: _____
 MAILING ADDRESS: _____
 LOCATION ADDRESS: _____
 PERSON TO CONTACT FOR INSPECTION: _____
 TELEPHONE: _____ BEST TIME TO CALL: _____
 TOTAL NUMBER OF MEMBERS: _____ NUMBER OF YEARS IN OPERATION: _____
 PRESENT CARRIER: _____
 CURRENT POLICY PERIOD: _____

GENERAL INFORMATION

TYPES OF ACTIVITIES AVAILABLE TO MEMBERS:

ON PREMISES: _____

OFF PREMISES: _____

TYPES OF ACTIVITIES AVAILABLE TO NON-MEMBERS:

ON PREMISES: _____
 OFF PREMISES: _____

INDIVIDUAL RESPONSIBLE FOR DAY-TO-DAY CLUB ACTIVITIES: _____

POSITION _____ YEARS EXPERIENCE _____

ARE THERE FACILITIES FOR HAULING AND LAUNCHING BOATS? _____

DESCRIBE EQUIPMENT AND CAPACITY: _____

IS THERE A REGULAR PROGRAM FOR MAINTENANCE OF EQUIPMENT ON PREMISES? _____

PERFORMED BY WHOM _____ DESCRIBE _____

DESCRIBE THE RACING ACTIVITY OF THE CLUB. _____

DESCRIBE THE SECURITY PROTECTION OF THE CLUB. _____

DESCRIBE THE TYPE OF FIRE PROTECTION. _____

3-YEAR LOSS EXPERIENCE: PAID AND UNPAID

DATE	CAUSE OF LOSS	AMOUNT OF LOSS	CARRIER

BAILEE COVERAGE

BAILEE COVERAGE, EXCLUDING STORAGE ASHORE:

Amount of Insurance: Any one boat: _____
Any one accident: _____
How many slips are available for afloat use? _____
How many mooring buoys are available for use? _____
How often are mooring buoys pulled and inspected? _____
How many side ties are available for use? _____
Capacity of guests docks: (Number of Vessels) _____
Average value of boats moored: \$ _____
Number of boats stored/moored: _____
Average Values \$ _____ PML % _____
Any repair, alteration or maintenance work done on boats? _____ Describe: _____

Maximum Values \$ _____
Any fuel oil sales? _____ Describe location of fueling facilities and fueling procedure.

Is dock space provided under a lease or rental agreement? _____

BAILEE COVERAGE, FOR STORAGE ASHORE:

Amount of Insurance: Any one boat: _____
Any one accident: _____
Number of boats stored in buildings: _____
Average value of boats stored in buildings: \$ _____
Number of boats stored in the open: _____
Average Values \$ _____ PML% _____
Are dry storage of boats stored outside protected by a fence? _____
Are they stored allowing for adequate fire lanes? _____
Number of boats stored in rack storage areas: _____
Average values \$ _____ PML% _____
List any type of alarm systems or watchman service or any other risk protection devices
in effect at the yacht club _____
Give age, description and construction of buildings used for storage.

Are the buildings sprinklered? _____

BAILEE COVERAGE, GROSS RECEIPTS (ANNUAL):

Gross Receipts:	Repairs, Alterations & Maintenance	\$	_____
Gross Receipts:	Storage Afloat	\$	_____
Gross Receipts:	Fuel and oil Sales	\$	_____
Gross Receipts:	Moorings	\$	_____
Gross Receipts:	Hauling and Launching	\$	_____
Gross Receipts:	Storage Ashore	\$	_____

PROTECTION & INDEMNITY (LIABILITY FOR NON-SCHEDULED BOATS)

Amount of insurance: Any One Accident: \$ _____

SCHEDULE OF BOATS

Vessel # _____	Yr. Built	Manufacturer	Length	Model Name/Type	Yacht Name	Serial Number	
	Construction	Purchased Price	Date Purchased (mm/yy)	No. of Engines	Horsepower Each	Manufacturer	Maximum Speed
	_____ Outboard Motor		_____ I/O	_____ Inboard	FUEL:	_____ Gas	_____ Diesel
	Lay-up Period	_____ Waters to be Navigated _____					
	Use of Boat	_____ Regular Operator _____					
Name of Owner (if other than above)				Loss Payee			

COVERAGE PROVIDED:

Parts	Coverages	Amount of Insurance	Deductible Amount	Premium
A	Property Damage	\$ _____	\$ _____	\$ _____
B	Liability Coverage	\$ _____	\$ _____	\$ _____
C	Medical payments	\$ _____	\$ _____	\$ _____
D	Uninsured Boater	\$ _____	\$ _____	\$ _____

Vessel # _____	Yr. Built	Manufacturer	Length	Model Name/Type	Yacht Name	Serial Number	
	Construction	Purchased Price	Date Purchased (mm/yy)	No. of Engines	Horsepower Each	Manufacturer	Maximum Speed
	_____ Outboard Motor		_____ I/O	_____ Inboard	FUEL:	_____ Gas	_____ Diesel
	Lay-up Period	_____ Waters to be Navigated _____					
	Use of Boat	_____ Regular Operator _____					
Name of Owner (if other than above)				Loss Payee			

COVERAGE PROVIDED:

Parts	Coverages	Amount of Insurance	Deductible Amount	Premium
A	Property Damage	\$ _____	\$ _____	\$ _____
B	Liability Coverage	\$ _____	\$ _____	\$ _____
C	Medical payments	\$ _____	\$ _____	\$ _____
D	Uninsured Boater	\$ _____	\$ _____	\$ _____

SCHEDULE OF BOATS (Continued)

Vessel # _____	Yr. Built	Manufacturer	Length	Model Name/Type	Yacht Name	Serial Number	
	Construction	Purchased Price	Date Purchased (mm/yy)	No. of Engines	Horsepower Each	Manufacturer	Maximum Speed
	_____ Outboard Motor		_____ I/O	_____ Inboard	FUEL:	_____ Gas	_____ Diesel
	Lay-up Period	_____ Waters to be Navigated _____					
	Use of Boat	_____ Regular Operator _____					
Name of Owner (if other than above)				Loss Payee			

COVERAGE PROVIDED:

Parts	Coverages	Amount of Insurance	Deductible Amount	Premium
A	Property Damage	\$ _____	\$ _____	\$ _____
B	Liability Coverage	\$ _____	\$ _____	\$ _____
C	Medical payments	\$ _____	\$ _____	\$ _____
D	Uninsured Boater	\$ _____	\$ _____	\$ _____

SUPPLEMENTAL COVERAGE INFORMATION

SAIL TRAINING

Types of boats to be used for training: _____

Are instructors certified? _____ By whom? _____

Date of certification: _____

Is the instructor qualified to instruct on the vessels to be used in training? _____

CHARTER COVERAGE

Is the charter agent approved in writing by ACE? _____

Has a written charter agreement been signed by all parties to the contract? _____

Has the chartering party successfully completed an on the water checkout as appropriate for the size and type of vessel to be chartered?

Has the club obtained a valid driver's license and credit card from the charterer? _____

Has the charterer provided complete information with the charter agreement including name, address, employer and one bank reference?

Other (Describe)

Applicant Name: _____

Producer Name: _____

This is not a Binder

PIERS and DOCKS SECTION

Loss Payee: Any loss is payable as interest may appear to the Policy Holder and:

Mortgage 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/Cock 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 #	Description of Dock/Pier	Year Built	Type of Construction	Covered	Fixed or Floating	Value Per Section
1.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						