

INTERNATIONAL MARINE UNDERWRITERS

YACHT CLUB PACKAGE APPLICATION

Club Name:			
Mailing Address:		Web Site:	
City:		State:	Zip:
Policy Period:	From:	To:	

Producer's Name:			
Mailing Address:			
City:		State:	Zip:

Club contact for Inspection:		
Phone #:		Email:

SCHEDULED LOCATIONS

- | |
|----|
| 1. |
| 2. |
| 3. |

COVERAGES REQUESTED

<input type="checkbox"/> Section I - Yacht Club General Liability
<input type="checkbox"/> Liquor Liability
<input type="checkbox"/> Hired/Non-Owned Auto Liability
<input type="checkbox"/> Employee Benefit Liability
<input type="checkbox"/> Employee Dishonesty
<input type="checkbox"/> Section II - Protection & Indemnity
<input type="checkbox"/> Section III - Marina Operators' Liability
<input type="checkbox"/> Section IV - Limited Pollution Liability
<input type="checkbox"/> Section V - Piers, Wharves & Docks
<input type="checkbox"/> Section VI - Marine Property
<input type="checkbox"/> Section VII - Equipment & Tools
<input type="checkbox"/> Section VIII -Watercraft Physical Damage

RATING INFORMATION

Number of Active (dues paying) memberships: *(required information)*

Number of slips or moorings: *(required information)*

Activity	Receipts	Activity	Sales
Dry Storage ***	\$	Restaurant-food *	\$
Repairs	\$	Alcohol	\$
Fueling	\$	Other Sales/Receipts**\$	

* Include any minimum charge/fees assessed for restaurant use.

** Identify source. Do not include Membership dues and assessments.

*** Excluding winter storage fees for boats at slips/moorings during season.

Source of Other Sales/Receipts	Amount of Sales/Receipts
1	\$
2	\$
3	\$

GENERAL INFORMATION

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

2. List operations sold, acquired or discontinued in last 5 years.

3. List all club affiliations. i.e., US Sailing Association, etc.

4. Number of years in operation.

5. Please provide name of current carriers, expiring premiums and expiration dates.

6. Has any policy or coverage been declined, cancelled or non-renewed during the prior three years? Yes No If yes, please explain.

PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES FOR ALL COVERAGE REQUESTED. ANSWER ALL QUESTIONS – YES, NO OR N/A WHERE APPROPRIATE.

SECTION I – YACHT CLUB GENERAL LIABILITY

Limits requested (choose one)	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>
• General Aggregate	\$1,000,000	\$1,000,000	\$2,000,000
• Products-Completed Ops Aggregate	\$300,000	\$500,000	\$1,000,000
• Personal and Advertising Injury	\$300,000	\$500,000	\$1,000,000
• Each Occurrence	\$300,000	\$500,000	\$1,000,000
• Damage To Premises Rented To You	\$100,000	\$100,000	\$100,000
• Medical Expense (any one person)	\$5,000	\$5,000	\$5,000

PREMISES INFORMATION

1. Are club facilities rented to others for weddings, receptions, meetings, etc.? yes no If yes, describe
2. Does the club rent space (land or buildings) to others? yes no
If yes, explain
3. Describe all activities other than those related directly to boating/ yachting (i.e. tennis court, golf course, etc.).
4. Any medical facilities provided or doctor employed/contracted?
 yes no
5. Any parking facilities owned/operated? yes no. Any off premises parking? yes no. Any Valet parking? yes no. Is charge made? yes no. Receipts \$
6. Does harbormaster or other persons(s) live on premises? yes no
7. Are there any guest rooms or cottages? yes no
8. Any demolition exposure contemplated? yes no. If yes, explain
9. Any structural alterations contemplated? yes no. If yes, explain

PRODUCTS EXPOSURES

1. Describe any products liability exposure other than restaurant or club store.
2. Products of others sold or repackaged under applicant's label? yes no. If yes, explain

3. Products recalled, discontinued or changed? yes no. If yes, explain

4. Any products manufactured? yes no. If yes, list and describe products

RECREATIONAL EXPOSURES

1. Is there a swimming pool or bathing beach on premises? yes no
If yes :

- Is there a fence surrounding the pool? yes no
- Does it have a self-latching & closing gate? yes no
- Is the gate locked when the pool is not open? yes no
- Are depth markings on the side and walking surface of the pool?
 yes no
- Is there a diving board? yes no. Height of board
- What is depth of pool?
- Is there a pool slide? yes no
- Are rules posted for the usage of the pool? yes no
- Is a certified lifeguard provided? yes no. On duty at all times when pool is open? yes no
- Is lifesaving equipment available in the pool area yes no
- Are all electrical outlets protected by ground fault interrupters?
 yes no
- Any public use of pool permitted? yes no. If yes, explain

2. Sailing school or boating courses provided? yes no. If yes:

- Enter receipts on page 2 under “Other Receipts”.
- Provide a description of the schools or courses offered. You may attach club brochures that provide this information or enter your description in the “Remarks” section at the end of the application. Your description must include:
 - the number of times each is offered per year;
 - number of students per course;
 - number of instructors;
 - how long has the club been operating the school or course;
- List qualification requirements for instructors.
- Are parental consent forms obtained for all children enrolling in the school or course? yes no

- Are all participants required to wear life jackets at all times while on the water? yes no
 - Is there a motorized boat in the water at all times when participants are on the water? yes no
 - Does the club use only boats owned by the club for the schools or courses? yes no. If no, provide a list of boats used.
3. Any other recreational facilities or equipment (other than watercraft) provided (golf, tennis, bicycle rental etc.)? yes no. If yes, describe
4. List regattas and other boating events sponsored or hosted by the club. Enter receipts on page 2 under "Other Receipts".
5. List any social events sponsored or hosted by the club.

RESTAURANT / SNACK BAR EXPOSURES

1. Restaurant/snack bar receipts (excluding alcohol) \$			
2. Is alcohol served? <input type="checkbox"/> yes <input type="checkbox"/> no Receipts \$			
3. Is alcohol service limited to beer and wine? <input type="checkbox"/> yes <input type="checkbox"/> no			
4. Is table service provided? <input type="checkbox"/> yes <input type="checkbox"/> no			
5. What is the seating capacity?			
6. On or off premises catering/banquet exposure? <input type="checkbox"/> yes <input type="checkbox"/> no Percent of total receipts			
7. Does restaurant operate year round? <input type="checkbox"/> yes <input type="checkbox"/> no. If no, explain			
8. Is entertainment (band/DJ) provided? <input type="checkbox"/> yes <input type="checkbox"/> no			
9. Is there a dance floor? <input type="checkbox"/> yes <input type="checkbox"/> no			
10. Number of employees in restaurant.			
11. Is restaurant open to the public? <input type="checkbox"/> yes <input type="checkbox"/> no			
12. Restaurant Fire protection:		Yes	No
• U.L. 300 approved automatic extinguishing system under maintenance contract?		<input type="checkbox"/>	<input type="checkbox"/>
• Does above system cover all cooking surfaces?		<input type="checkbox"/>	<input type="checkbox"/>
• Automatic gas or electric shut-offs for cooking?		<input type="checkbox"/>	<input type="checkbox"/>
• Hoods and ducts over all cooking surfaces?		<input type="checkbox"/>	<input type="checkbox"/>
• Hood and filter cleaned weekly by staff?		<input type="checkbox"/>	<input type="checkbox"/>
• BC&K extinguishers available in kitchen?		<input type="checkbox"/>	<input type="checkbox"/>
• Hoods and ducts under maintenance contract?		<input type="checkbox"/>	<input type="checkbox"/>

OPTIONAL COVERAGES

(complete only those sections for which coverage is requested)

LIQUOR LIABILITY

Limits of Insurance requested:

\$ Each Occurrence/ Aggregate.

1. Does the club have a liquor license? yes no. If yes, give type.
2. Does club sell package goods? yes no
3. Are employees given liquor training? yes no. If yes, describe type of training.
4. Does club have a written policy for employees on serving alcohol to customers? yes no
5. Is management notified prior to shutting off customers? yes no.
Is documentation kept on each incident? yes no
6. Is there a happy hour? yes no.
Reduced price drinks? yes no
7. Is last call given? yes no. If yes, at what time?
8. Are shots given? yes no
9. Have there been any Liquor Board violations? yes no

HIRED/NON-OWNED AUTO LIABILITY

1. Does Club own any autos? yes no
2. Does Club allow use of personal cars for business use? yes no
3. How frequently?
4. Are the same drivers/officers usually used? yes no
5. Are MVR's checked annually? yes no
6. Does the club require proof of personal insurance? yes no
7. What limits are required?
8. Number of employees who use their personal cars.
9. Number of underage drivers (<25 yrs).

EMPLOYEE BENEFITS LIABILITY

1. Limits of Insurance requested: \$ Each employee; \$ Aggregate. (\$300,000 maximum)
2. Employee Benefit Programs which are automatically covered without being specifically listed: Group Life Insurance, Group Accident or Health Insurance, Profit Sharing Plans, Pension Plans, Stock Subscription Plans, Unemployment Insurance, Social Security Benefits, Workers' Compensations and Disability Benefits. List any other types of plans for which coverage is desired:
3. Number of people employed by Club.
4. Retroactive Date:
5. Number of employees covered by Employee Benefit Plans.
6. Does the Club maintain a department or unit to (a) administer Employee Benefit Plans, and (b) answer questions and advise employees concerning the Plans? <input type="checkbox"/> yes <input type="checkbox"/> no
7. On programs permitting employees an option to enroll or not to enroll, does the Club require a signed acceptance or rejection from each employee? <input type="checkbox"/> yes <input type="checkbox"/> no
8. If the Club's Employee Pension Plan and/or Profit Sharing Plan is/are funded with a financial institution, provide details regarding its administration.

EMPLOYEE DISHONESTY

(\$10,000 limit automatically provided)

1. Optional Limits of Insurance: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
2. Deductible requested (required): <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
3. Total number of employees, including officers & directors.
4. Total number of cashiers/bookkeepers/clerks.
5. Are references required on newly hired employees? <input type="checkbox"/> yes <input type="checkbox"/> no
6. Is there an audit by <input type="checkbox"/> CPA <input type="checkbox"/> Public Accountant <input type="checkbox"/> Staff <input type="checkbox"/> other
7. Audit frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other
8. Does audit include inventory? <input type="checkbox"/> yes <input type="checkbox"/> no
9. Audit is rendered to <input type="checkbox"/> manager <input type="checkbox"/> Board of Directors <input type="checkbox"/> other
10. Does someone not authorized to deposit or withdraw reconcile bank accounts? <input type="checkbox"/> yes <input type="checkbox"/> no
11. Is countersignature of checks required? <input type="checkbox"/> yes <input type="checkbox"/> no. If no, who

signs?

12. Will securities be subject to joint control of two or more responsible employees? yes no

13. Are all officers and employees required to take annual vacations of at least 5 consecutive business days? yes no

SECTION II – PROTECTION AND INDEMNITY

Limit requested: \$300,000 \$500,000 \$1,000,000

Indicate which of the following apply to the Club:

Launch/Work/Utility	<input type="checkbox"/> yes	<input type="checkbox"/> no	How many?
Non-powered boats*	<input type="checkbox"/> yes	<input type="checkbox"/> no	How many?
Powered boats **	<input type="checkbox"/> yes	<input type="checkbox"/> no	How many?
Other owned boats	<input type="checkbox"/> yes	<input type="checkbox"/> no	How many?

* Sailing prams, canoes, kayaks, etc.

** Auxiliary powered sailboats and other powered boats except launches, work or utility/maintenance boats.

1. For all owned boats complete the “Schedule of Owned Watercraft” under Section VIII.

2. On owned watercraft, is crew to be covered? yes no
Number of crew

3. Describe operations of all rental/club/fleet/class or other owned boat operations.

SECTION III- MARINA OPERATORS LIABILITY

1. Limit requested: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
2. Deductible requested: \$ _____ (\$1,000 minimum)

Docking and Mooring	Locations		
	1	2	3
No. of slips available			
No. of slips under common roof			
No. of moorings available			
Average value of a yacht	\$ _____	\$ _____	\$ _____
Maximum value of a yacht	\$ _____	\$ _____	\$ _____

Dry Storage*	Locations		
	1	2	3
Max. number of yachts stored at any time in past year			
Number stored in summer			
Number stored in winter			
Average value of a yacht	\$ _____	\$ _____	\$ _____
Maximum value of a yacht	\$ _____	\$ _____	\$ _____

1. Are yachts stored afloat between 12/1 and 4/1? <input type="checkbox"/> yes <input type="checkbox"/> no
2. Are yachts stored inside a building? <input type="checkbox"/> yes <input type="checkbox"/> no How many Are they on racks ? <input type="checkbox"/> yes <input type="checkbox"/> no Sprinkler system ? <input type="checkbox"/> yes <input type="checkbox"/> no
3. Type of building construction.
4. Are yachts stored outside on racks? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, how many? _____ How high? _____
5. Describe type of heavy lift equipment and indicate lifting capacity.
* If you provide any storage a copy of the storage agreement is required for coverage to apply.

Repair Operations
1. Any boat repair operations performed by the club on boats other than their own boats? <input type="checkbox"/> yes <input type="checkbox"/> no.
2. Type of work performed.

SECTION IV- LIMITED POLLUTION LIABILITY

Limit requested: \$100,000 \$250,000

1. Are there any fueling operations conducted at any scheduled locations? yes no. If yes, describe
2. Is any waste oil, fuel, or other pollutants collected, stored or disposed of by the club? yes no. If yes, describe

SECTION V- PIERS, WHARVES & DOCKS

Indicate valuation: 80% ACV 90% Replacement Cost

Deductible requested: \$ _____ (\$1,000 minimum & applies per occurrence)

Piers, Wharves & Docks	Locations		
	1	2	3
No. of floating docks			
No. of fixed piers			
Insured value of floating docks	\$	\$	\$
Insured value of piers	\$	\$	\$

Draw (or attach) a diagram of the docks & piers and indicate:

1. Type of construction.
2. Type of flotation devices.
3. Type of anchoring devices.
4. Age of docks & piers.
5. Open slips and number.
6. Covered slips and number.
7. Describe maintenance program.

SECTION VI- MARINE PROPERTY INSURANCE

Indicate valuation: 80% ACV 90% Replacement Cost
 Deductible requested: \$ _____ (\$500 min. - applies per location to bldg. & contents)
 \$25,000 of Business Income & Extra Expense coverage is automatically provided. If a higher limit is desired, indicate a limit below.

Premises information: ISO protection class			
Location No.	Bldg. No.	Year Built	Occupancy
Construction	Sprinklers <input type="checkbox"/> yes <input type="checkbox"/> no		Total Area
Subject		Limit	
Building		\$	
Contents		\$	
Business income & extra expense		\$	Coinsurance 80%

Premises information: ISO protection class			
Location No.	Bldg. No.	Year Built	Occupancy
Construction	Sprinklers <input type="checkbox"/> yes <input type="checkbox"/> no		Total Area
Subject		Limit	
Building		\$	
Contents		\$	
Business income & extra expense		\$	Coinsurance 80%

Premises information: ISO protection class			
Location No.	Bldg. No.	Year Built	Occupancy
Construction	Sprinklers <input type="checkbox"/> yes <input type="checkbox"/> no		Total Area
Subject		Limit	
Building		\$	
Contents		\$	
Business income & extra expense		\$	Coinsurance 80%

Premises information: ISO protection class			
Location No.	Bldg. No.	Year Built	Occupancy
Construction	Sprinklers <input type="checkbox"/> yes <input type="checkbox"/> no		Total Area
Subject		Limit	
Building		\$	
Contents		\$	
Business income & extra expense		\$	Coinsurance 80%

SECTION VII- EQUIPMENT/TOOLS

Indicate valuation: 80% ACV 90% Replacement Cost

Deductible requested: \$ _____ (\$500 min. applies per occurrence to total schedule)

Complete the following or submit a schedule:

Item description	Value	Serial Number
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
11.	\$	
12.	\$	
13.	\$	
14.	\$	
15.	\$	

SECTION VIII- OWNED WATERCRAFT

Deductible requested: \$ _____ (\$500 min. applies per occurrence to total schedule)

SCHEDULE OF OWNED WATERCRAFT

All owned watercraft must be scheduled below for coverage under Section II – Protection and Indemnity to apply.

If physical damage coverage is being requested under Section VIII – Owned Watercraft, show an agreed value in the last column of the schedule. Only those boats with an agreed value shown will be covered for physical damage.

Year	Length	Make/Model/Builder	HP	Use of vessel	Agreed Value
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
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					\$
					\$
					\$
					\$

REMARKS:

Empty rectangular box for remarks.

Mortgagees/Loss Payees/Additional Interest

Header box for the mortgagee/loss payee section.

Name & Address:

Text input field for Name & Address.

Interest:

Text input field for Interest.

Coverage section(s) applicable:

Text input field for Coverage section(s) applicable.

Location Number:

Text input field for Location Number.

Name & Address:

Text input field for Name & Address.

Interest:

Text input field for Interest.

Coverage section(s) applicable:

Text input field for Coverage section(s) applicable.

Location Number:

Text input field for Location Number.

Name & Address:

Text input field for Name & Address.

Interest:

Text input field for Interest.

Coverage section(s) applicable:

Text input field for Coverage section(s) applicable.

Location Number:

Text input field for Location Number.

Name & Address:

Text input field for Name & Address.

Interest:

Text input field for Interest.

Coverage section(s) applicable:

Text input field for Coverage section(s) applicable.

Location Number:

Text input field for Location Number.

LOSSES FOR ALL SECTIONS

List all losses incurred during the past five years for all coverage sections including optional coverages.

There have been no losses for the past five years.

Coverage section	Description of loss	Date of loss	Amount of loss	Open or closed
			\$	
			\$	
			\$	
			\$	

Does the Club have knowledge or information of any occurrence which might give rise to a claim? yes no.

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 FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Signature of Applicant _____ **Date**