

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:	
TOTAL NUMBER OF MEMBERS:	NUMBER OF YEARS IN OPERATION:
Present Carrier:	
CURRENT POLICY PERIOD:	
G	ENERAL 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 AG	CTIVITIES:
Position	YEARS EXPERIENCE
ARE THERE FACILITIES FOR HAULING AND LAUNCHIN	IG 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 CLUE	3
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, EXCLU	JDING STORAGE ASHORE:	
Amount of Insurance:	Any one boat:	
How many slips are ava	ilable for afloat use?	
How often are mooring b	puoys pulled and inspected?	
How many side ties are		
Capacity of guests dock		
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 facil	ities and fueling procedure.
Is dock space provided	under a lease or rental agreement?	
BAILEE COVERAGE, FOR S		
Amount of Insurance:		
	Any one accident:	
Number of boats stored		
Average value of boats	stored in buildings: \$	
Number of boats stored	in the open:	
		PML%
Number of boats stored	· · · · · · · · · · · · · · · · · · ·	
	stems or watchman service or any other ris	k protection devices
•	D	
Give age, description an	d construction of buildings used for storage	
Are the buildings sprinkl	ered?	
BAILEE COVERAGE, GROS	S 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	\$
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PROTECTION & INDEMNITY	(LIABILITY FOR NON-SCHEDULED BOATS)	
Amount of insurance: Ar	ny One Accident: \$	

SCHEDULE OF BOATS

Vessel	Yr. Built	Manufacturer	Length		odel e/Type	Ya	icht Name	Serial Nu	ımber	
	Construction	Purchased Price	Purc	ate hased n/yy)	No. of Engine		Horsepowe Each	r Manufacturer	Maximum Speed	
#	Outboar	d Motor	I/O		Inboa	rd	FUEL:	Gas	Diesel	
	Lay-up Period	Lay-up Period				Waters to be Navigated				
	Use of Boat	Use of Boat			Regular Operator					
	Name of Owner (if other than above)			Loss Payee						

COVERAGE PROVIDED:

Parts	Coverages	Amount of Insurance	Deductible Amount	Premium
Α	Property Damage	\$	\$	\$
В	Liability Coverage	\$	\$	_ \$
С	Medical payments	\$	\$\$	_ \$
D	Uninsured Boater	\$	\$\$	\$

	Yr. Built	Manufacturer	Length		odel e/Type	Ya	acht Name	Serial Nu	ımber
Vessel	Construction	Purchased Price	Purc	ate hased n/yy)	No. of Engines		Horsepowe Each	er Manufacturer	Maximum Speed
#	Outboard MotorI/O			Inboa	rd	FUEL:	Gas	Diesel	
	Lay-up Period				to be Nav	rigat	ed		
	Use of Boat			Regular Operator					
	Name of Owner	Loss P	ayee						

COVERAGE PROVIDED:

Parts	Coverages	Amount of Insurance	Deductible Amount	Premium
А	Property Damage	\$	\$	\$
В	Liability Coverage	\$	\$	\$
С	Medical payments	\$	\$	\$
D	Uninsured Boater	\$	\$	\$

SCHEDULE OF BOATS (Continued)

	Yr. Built	Manufacturer	Length		odel e/Type	Yacht Name	e	Serial Nu	ımber
Vessel #	Construction	Purchased Price	Purc	ate hased n/yy)	No. of Engines			Manufacturer	Maximum Speed
	Outboard Motor		I/O		Inboa	rd 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
Α	Property Damage	\$	\$	\$
В	Liability Coverage	\$	\$	\$
С	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 v	vessels to be used in training?
CHARTER COVERAGE	
Is the charter agent approved in writing by	ACE?
Has a written charter agreement been sigr	ned by all parties to the contract?
Has the chartering party successfully com vessel to be chartered?	pleted an on the water checkout as appropriate for the size and type of
Has the club obtained a valid driver's licen	se and credit card from the charterer?
Has the charterer provided complete inform and one bank reference?	mation with the charter agreement including name, address, employer

Other (Describe)

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 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.

APPLICANT – PLEASE READ THE CONSUMER INFORMATION ON THIS PAGE THEN SIGN AND DATE BELOW

DATE

SIGNATURE OF APPLICANT

SIGNATURE OF AGENT

Applicant	Name:
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Producer Name: _____

This is not a Bin	der	PIERS and	d DOCKS SECTION							
Loss Paye	ee: Any loss is payable as interest may	appear to th	e Policy Holder and:							
Mortgage	Name and Address:									
How many	/ miles to nearest fire station		Miles Paid	Volunteer						
Watchmar	n service provided: Yes	No If Yes, e	explain type of service							
Firefighting	g equipment on premises:	s 🗌 No If	Yes, explain type of equipment							
Are any of	the Piers/Docks removed for winter?	Ye:	s 🗌 No If Yes, state which Pier/	Cock and where	they are stored	1:				
If Soccorr	al Operations, State From (MM/DI		To (MM/DD/	<u>//)</u> .						
	e Pilings last inspected?	J/TT).	When were Pilings last r							
				epiaceu?						
Please pro	ovide a brief description of Maintenance	e Program:								
	*Sketch or Diagram must be attached to th	is application.								
		Year			Fixed or	Value Per				
Item #	Description of Dock/Pier	Built	Type of Construction	Covered	Floating	Section				
1.										
3.										
4.										
5.										
6.										
7.										
8.				1						
9.										
9. 10.										
11.										
12.										
13.										
14.										