



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): <i>ATTACH EXTRA SHEET FOR ADDITIONAL LOCATIONS</i>		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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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: _____

BOAT DEALER SECTION

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PROPERTY DAMAGE LIMIT(S): Any One Boat – Desired Limit \$ _____ Deductible \$ _____
 Any One Accident – Desired Limit \$ _____ Deductible \$ _____

WATERCRAFT LIABILITY: Desired Limit \$ _____ Deductible \$ _____

MORTGAGEE NAME AND ADDRESS:

PROPERTY SOLD:		MANUFACTURERS AND PERCENTAGE SOLD EACH	
Power Boats	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sailboats	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Motors	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Brokered Boats (_____ %)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

LAST INVENTORY DATE		AVERAGE MONTHLY INVENTORY	MAXIMUM MONTHLY INVENTORY
Location A:	Inside		
	Outside		
	In Water		
Location B:	Inside		
	Outside		
	In Water		
Location C:	Inside		
	Outside		
	In Water		

BOATS DELIVERED (LAND OR WATER): Total Annual Values: _____ Number of Boats: _____
 Highest Value Boat: _____
 Maximum Miles over Land: _____ Maximum Miles over Water: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT DEMONSTRATIONS, IF APPLICABLE:

Does Dealer perform Demonstrations: Yes No
 Where are Demonstrations Performed: _____ Number per Month: _____

How many Miles from Shore: _____ Maximum MPH on Boats: _____
 Is All U.S. Coast Guard Safety Equipment on Board: Yes No Please Explain: _____
 Are Employees Trained in Use Prior to Demonstration: Yes No

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT BOAT SHOWS, IF APPLICABLE:

Number of Shows Dealer Participates in Annually: _____ Maximum Number of Boats at Each Show: _____
 Maximum Limit Required per Show: _____ Boats are Transported to Show by:
 1) Common Carrier Owned Vehicles Both
 Maximum Distance to Shows: _____ miles 2) All Land All Water Land and Water

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MARINA OPERATOR SECTION

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REQUESTED LIMIT:	Any One Boat	\$ _____	Deductible:	\$ _____
	Any One Accident	\$ _____	Deductible:	\$ _____

ACTIVITY:	ANNUAL GROSS RECEIPTS
Repairs/Alterations	_____
Dry Storage	_____
Mooring/Dock Rentals	_____
Fueling	_____
Hauling and Launching	_____
Other Service Receipts (Please Explain)	_____
TOTAL:	

REPAIR OPERATIONS:
Type of Vessels Repaired:

Type of Work:

Highest Value of Any One Boat Repaired: _____ Average Value of Boats Repaired: _____
 Are Boat Owners Allowed to Work on Their Own Boat: Yes No
 Describe Any Non-Private Pleasure Boat Repairs:

Amount of Non-Private Pleasure Boat Receipts: _____

DRY STORAGE:	LOCATION A	LOCATION B	LOCATION C
Maximum Value Stored Inside:			
Maximum Value Stored Outside:			
Are Boats Stored in Racks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rack Stored Inside:			
How Many Racks High:			
Average Monthly Value:			
Rack Stored Outside:			
How Many Racks High:			
Average Monthly Value:			
Number of Boats Stored Afloat Between 12/01 and 04/01:			
Is Winterizing or Make Ready Maintenance Part of the Storage Agreement: <i>(Please submit copy of Storage Agreement with the Application)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe Type of Building Construction for Land Storage:

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: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, How Many:
Navigation Not to Exceed:		Miles from Premises:

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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 PILING LAST INSPECTED: _____ **WHEN WERE PILING 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.