



**MARINA OPERATOR/BOAT DEALER APPLICATION**

|   |                                     |
|---|-------------------------------------|
| Applicant Name:   | Years in Business                   |
| Address (including City, State, Zip):                                       |                                     |
| Address of all Premises of Marina operations and/or Boat Dealer operations: |                                     |
| Projected Gross Receipts for Terms: \$                                      | Proposed Effective/Expiration Date: |

**BOAT DEALERS LIMITS:**

- \$ ANY ONE WATERCRAFT WHILE AT A SCHEDULED LOCATION;
- \$ ANY ONE WATERCRAFT ACCEPTED AS TRADE-IN WHILE AT LOCATIONS OTHER THAN THOSE SCHEDULED FOR NOT EXCEEDING 15 DAYS;
- \$ ANY ONE WATERCRAFT DURING LAND AND WATER TRANSIT WITHIN 50 MILES OF A SCHEDULED LOCATION;
- \$ ANY ONE WATERCRAFT WHILE ON EXHIBIT AT WATERCRAFT SHOWS, INCLUDING TRANSIT TO AND FROM;
- \$ ANY ONE ACCIDENT OR OCCURRENCE WITH RESPECT TO ACCESSORIES AND SUPPLIES IN INVENTORY AT THE SCHEDULED LOCATIONS;
- \$ ANY ONE ACCIDENT OR OCCURRENCE FOR ALL COVERAGE PROVIDED BY THIS POLICY, EXCEPT AS PROVIDED IN THE PROTECTION AND INDEMNITY CLAUSE;
- \$ ANY ONE ACCIDENT OR OCCURRENCE, INCLUDING LEGAL AND INVESTIGATIVE EXPENSES, WITH RESPECT TO CLAIMS COVERED BY THE PROTECTION AND INDEMNITY CLAUSE.

**DEDUCTIBLE:**

- \$ PER OCCURRENCE, EXCEPT
- \$ IN THE EVENT OF LOSSES RESULTING FROM WINDSTORM OR HAIL

**MARINA OPERATORS LIMITS:**

- \$ GENERAL AGGREGATE
- \$ PRODUCTS - COMPLETED OPERATIONS AGGREGATE
- \$ PERSONAL AND ADVERTISING INJURY
- \$ EACH OCCURRENCE
- \$ FIRE DAMAGE
- \$ MEDICAL EXPENSE
- \$ MARINA OPEARATORS P&I

**DEDUCTIBLE:**

- \$ PER OCCURRENCE

**BOAT DEALER DETAILS:**

Inventory of boats, motors, trailers and marine supplies held for sale.

Gross sales of inventory as described above for past 5 years:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Manufacturers and Type of Watercraft**

Power:  
 PWC:  
 (Jet Skis, Wave Runners, etc)  
 Sail:  
 Motors:  
 Trailers:

Marine Accessories, maximum inventory any one time: \$ \_\_\_\_\_

| Inventory Values: | Average Mthly Inventory | Max Mthly Inventory |
|-------------------|-------------------------|---------------------|
| Loc. 1 Inside     | \$ _____                | \$ _____            |
| Outside           | \$ _____                | \$ _____            |
| In water          | \$ _____                | \$ _____            |
| Loc. 2 Inside     | \$ _____                | \$ _____            |
| Outside           | \$ _____                | \$ _____            |
| In water          | \$ _____                | \$ _____            |
| Loc. 3 Inside     | \$ _____                | \$ _____            |
| Outside           | \$ _____                | \$ _____            |
| In water          | \$ _____                | \$ _____            |

Boats delivered by land or water:

Total values past 12 months: \$ \_\_\_\_\_  
 Maximum value any one boat: \$ \_\_\_\_\_  
 Maximum distance, land: \$ \_\_\_\_\_  
 Maximum distance, water: \$ \_\_\_\_\_

Boat shows:

Number annually: \_\_\_\_\_  
 Maximum number of boats any one show: \_\_\_\_\_  
 Maximum limit required any one show: \$ \_\_\_\_\_

Transported by: common carrier \_\_\_ owned vehicles \_\_\_ both \_\_\_  
 Maximum distance \_\_\_ miles

**DEMONSTRATIONS:**

Number per month: \_\_\_\_\_  
 Maximum speed any one boat: \_\_\_\_\_ MPH  
 Where are demonstrations performed: \_\_\_\_\_

Miles from shore: \_\_\_\_\_ Distance from dealership: \_\_\_\_\_  
 Does USCG license operator? YES / NO  
 Is operator properly trained on vessel to be demonstrated? YES / NO  
 Are all vessels to be demonstrated properly outfitted as per manufacturer's specifications and in compliance with USCG regulations? YES / NO

**MARINA OPERATOR DETAILS:**

**MARINA OPERATOR'S LEGAL LIABILITY:** Care, custody and control of customer's vessels for the purposes of repair, alteration or maintenance; dry storage; slip rental; hauling/launching not in conjunction with another covered operation; fueling and miscellaneous servicing)

Repair Operations:  
 Type of Work Performed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are vessel owners allowed to work on their own vessels? YES / NO  
 Highest value of any one vessel: \$ \_\_\_\_\_  
 Maximum values at any one time: \$ \_\_\_\_\_  
 Average values at any one time: \$ \_\_\_\_\_  
 Gross receipts past 12 months: \$ \_\_\_\_\_  
 Anticipated next 12 months: \$ \_\_\_\_\_

Describe any non-private pleasure vessel work done and amount of gross receipts:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mooring and Slip Rental**

Number of slips and mooring buoys available:  
 #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
 Of the above, how many slips are covered?  
 #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Average value of vessels in slips/moored  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Gross receipts during the past 12 months for mooring/slip rental operation:  
 \$ \_\_\_\_\_

Anticipated gross receipts for the next 12 months: \$ \_\_\_\_\_

**Hauling and Launching:**

Hauling and launching, not in conjunction with storage or repair operations, gross receipts for the past 12 months:  
 \$ \_\_\_\_\_

Anticipated for next 12 months:  
 \$ \_\_\_\_\_

Describe hauling and launching facility and equipment: \_\_\_\_\_  
 \_\_\_\_\_

**Fueling and Miscellaneous Servicing:**

Who performs actual fueling, employee or boat owner? \_\_\_\_\_  
 \_\_\_\_\_

Gross receipts for fuel/oil/servicing, past 12 months: \$ \_\_\_\_\_  
 Anticipated gross receipts for the next 12 months: \$ \_\_\_\_\_

**MARINA OPERATOR DETAILS cont:**

| <b>Storage:</b>  | Loc. 1   | Loc. 2   | Loc. 3   | Loc.4 | Loc.5 |
|--|----------|----------|----------|-------|-------|
| Maximum values stored on land, inside at any one time                            | \$ _____ | \$ _____ | \$ _____ |       |       |
| Maximum values stored on land, outside at any one time                           | \$ _____ | \$ _____ | \$ _____ |       |       |
| Number of boats stored   | _____    | _____    | _____    |       |       |
| Are boats stored in racks? YES / NO  |          |          |          |       |       |
| Number of boats stored afloat during freezing months?                            |          |          |          |       |       |
| Describe method to prevent freezing:   |          |          |          |       |       |
| Winterizing and Make Ready maintenance a part of the Storage Agreement? YES / NO |          |          |          |       |       |
| If 'Yes' please submit a copy of the Storage Agreement                           |          |          |          |       |       |
| Describe building(s) construction for land storage: _____                        |          |          |          |       |       |
| Storage gross receipts past 12 months: \$ _____                                  |          |          |          |       |       |
| Anticipated gross receipts next 12 months: \$ _____                              |          |          |          |       |       |

| <b>PROTECTION:</b>                         | Loc. 1   | Loc. 2   | Loc. 3   |
|--|----------|----------|----------|
| Central Station Alarm                      | YES / NO | YES / NO | YES / NO |
| Completely fenced & lighted                | YES / NO | YES / NO | YES / NO |
| Watchman service                           | YES / NO | YES / NO | YES / NO |
| Owner lives on premises                    | YES / NO | YES / NO | YES / NO |
| Bubbler system (slip rental / wet storage) | YES / NO | YES / NO | YES / NO |
| Paid fire protection                       | YES / NO | YES / NO | YES / NO |
| Miles from fire station                    |          |          |          |
| Public fire hydrants # & distance          |          |          |          |
| Other security measures                    |          |          |          |

**Loss Experience:** List all Boat Dealer and/or Marina Operator's claims (insured or not) during past 5 years on all operations. **(ATTACH FULL LOSS EXPERIENCE DETAILS)**

| YEAR | PREMIUM | PAID LOSSES | OPEN / SETTLED | TOTAL |
|------|---------|-------------|----------------|-------|
|      |         |             |                |       |
|      |         |             |                |       |
|      |         |             |                |       |
|      |         |             |                |       |
|      |         |             |                |       |

|                     |      |                 |      |
|---------------------|------|-----------------|------|
| Applicant Signature | Date | Agent or Broker | Date |
|---------------------|------|-----------------|------|

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**