



Marina Operators/Boat Dealers Supplemental Application (Supplement to Acord Applications)

Please complete and submit to North American Marine Underwriters

APPLICANT INFORMATION

Name of Insured: _____ Proposed Effective Date: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Contact Name: _____ Telephone Number: _____

Website Address: _____

GENERAL INFORMATION

Description of Operations: _____

Years in Business: _____ Present Insurer: _____

Has any company declined, cancelled or non-renewed any similar coverage in the prior 3 years? Yes or No
If yes, give details: _____

Do you loan your company vehicles to customers? Yes or No

BUILDING/PREMISES INFORMATION

Describe protection systems in use (Fire Alarms, Burglar Alarms, Flood Lights, Watchmen, Fencing, Guard Dog) for each covered location:

Distance to Fire Hydrants: _____ Distance to Fire Station: _____

MARINA OPERATORS LEGAL LIABILITY

Limits:

\$ _____ Catastrophe Limit

\$ _____ Location Limit

\$ _____ Any One Boat While Afloat or Ashore

\$ _____ Off premises

\$ _____ In Transit

Deductible \$ _____

BOAT REPAIRS

Types of Boats repaired:

_____ % Personal _____ % Commercial

Types of work:

_____ % General Maintenance _____ % Engine _____ % Electrical
_____ % Welding _____ % Painting _____ % Fiberglass Hull Repairs
_____ % Wooden Hull Repairs _____ % Structural Other (describe): _____

Repair work done: _____ % Inside Buildings _____ % Outside Buildings

Value of Boats: \$ _____ Average \$ _____ Maximum

Do It Yourself Exposures (type permitted – be specific):

Describe Customer Controls:

Are Trial runs performed on completed work? Yes No If yes, approximate # per year _____

Are Subcontractors used for repair? Yes No If yes, are certificates required? _____

Does Applicant repair boats over 65ft in Length: Yes No

Estimated Gross Receipts for Repair Operations \$ _____

STORAGE

Number of vessels stored: Inside _____ Outside _____ In Water _____

Average value \$ _____ Maximum value \$ _____

Type of storage:

_____ % Cradles _____ % Jack Stands _____ % Indoor Racks
_____ % Outside racks _____ % Trailers

Are Storage agreements used? Yes (please attach copy) No

_____ # of boats outside in open racks _____ # of boats outside non-racked

Is there a fully enclosed indoor rack storage building? Yes No

If yes, _____ # of boats inside on racks _____ # of boats inside non-racked

Is the rack storage building sprinklered? Yes No

In rack sprinkler system? Yes No

Estimated Gross Receipts for Storage Operations: \$ _____

SLIP RENTAL & MOORAGE

Number of slips available: _____ Number of Covered Slips: _____

Average Value per Vessel \$ _____ Maximum Value per Vessel \$ _____

Number of Moorings Available: _____

Is Slip Rental/Mooring Agreement Used? Yes (please attach copy) No

Describe maintenance schedule on slips, docks & moorings:

Estimated Gross Receipts for Slip Rental/Mooring Operations \$ _____

HAULING & LAUNCHING (not in conjunction with Repair/ Storage)

Type of lifts and Rated Capacity: _____

Describe maintenance program for lifting equipment: _____

Number of boats handled per year: _____ Average Value \$ _____ Max. Value \$ _____

Maximum distance for transporting boats: _____ MVR's on file for drivers? Yes No

Is hauling or launching subcontracted? Yes No If yes, are certificates obtained? Yes No

Estimated Gross Receipts for Hauling & Launching Operations \$ _____

FUELING

Fuel Tank(s): Above ground Underground Age _____ Construction _____

Fire Extinguishers present? Yes No

Are fueling warnings/instructions posted? Yes No

Who does fueling? Employee Boat Owner

Estimated Gross Receipts from Fueling Operations \$ _____

BOAT DEALERS

Limits:

- \$ _____ Catastrophe Limit
- \$ _____ Location Limit
- \$ _____ Any One Boat While Afloat or Ashore
- \$ _____ In Transit
- \$ _____ Off Premises

Deductible: \$ _____

Monthly Inventory (vessels & related goods) at insured's premises:

Inside: Average \$ _____ Maximum \$ _____

Outside: Average \$ _____ Maximum \$ _____

Maximum value any one vessel:

Inside: \$ _____ Outside \$ _____

List Brands Sold:

Boats: _____

Engines: _____

Trailers: _____

Do you sell?

Snowmobiles: Yes No

Jet Skis or Personal Watercraft: Yes No

RV's: Yes No

All-terrain vehicles or similar: Yes No

Foreign mfg. Products: Yes No

Number of boat shows/exhibitions per year: _____

Are boats consigned to other dealers? Yes No If yes, maximum value \$ _____

Are boats consigned from other dealers? Yes No If yes, Maximum value \$ _____

Loss Payees: _____

Do you use your vehicles to:

Pick up new boats from the manufacturer Yes No

Pick up or deliver customer's boats Yes No

Radius of operation _____ miles

Safety/Pre-Delivery Checklist - Utilized on:

Every sale Customer signature required

Identifies manuals provided customer Describe new boat walk through

How long are records, including repair records maintained? _____

False Pretense: Yes No Limit \$ _____ False Pretense Deductible \$ _____

False Pretense Exposures: Customer Screening Practices (mark all that apply)

Identification Check Loan Verification Credit Check

Title Check on used boats and trade-ins Other (describe) _____

Title Recovery Expense: Yes No Limit \$ _____

Boat Dealers Title E&O: Yes No Limit \$ _____

Truth in Lending: Yes No Limit \$ _____

Estimated Gross Receipts for Boat Dealer Operations: \$ _____

PROTECTION & INDEMNITY

Limit: \$ _____

Number of owned workboats: _____ **Number of owned rental boats:** _____

(Please include a description in the owned watercraft section)

Are boats used for personal use? Yes No

Is crew coverage desired? Yes No

Do you have any USCG licensed crew on staff? Yes No

Are customer boats delivered over water? Yes No If yes, maximum distance: _____

If Boat Dealer, number of demos annually? _____

Who operates boats during demos? _____

PIERS & DOCKS (A separate pier/dock schedule also needs to be completed)

Limit: \$ _____ Deductible \$ _____

Wind/Hail/Flood/Wave Wash Deductible \$ _____ ACV or Replacement Cost: _____

Coinurance Amount Requested: _____ Business Income Limit for docks: \$ _____

Business Income Coinsurance Amount: _____

Description of Property to be insured:

Dock Manufacturer (if known): _____

Type of construction: _____ Fixed or Floating

Number of Open Slips: _____ Number of Covered Slips: _____

Year built: _____ Separate Fuel Dock: Yes No

How are Docks anchored? Pilings Cable Other (describe) _____

Describe physical Protection from wind and waves (breakwater, protected cove, etc.) _____

Wave attenuation system? Yes No Any breakwaters? Yes No

Describe physical protection from ice (bubbler system, etc...) _____

Are Floating Docks/Slips removed from water during winter months? Yes No

Describe Maintenance: _____

Utilities: Water Electrical Other(Describe): _____

Stand pipes/Fire extinguishers: _____

OWNED WATERCRAFT

Description of boats to be insured:

Year Built	Make	Length	Hull ID#	HP	Value	Deductible
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Navigation area for above boats: _____

Are any boats used for towing? Yes No

RENTAL WATERCRAFT

Attach a complete list of all rental watercraft including a description of Use, Type, Year, Make, Model, Length, HP, and Serial # and an insured value for Physical Damage coverage. Also include a copy of the boat rental agreement.

Describe customer screening procedures (drivers license, past experience, instructions, radius):

Describe sign off procedures:

Do you provide a "demo" ride to all renters? Yes No Explain: _____

Describe minimum age requirements: _____

What is the normal rental season? From: _____ To: _____

Boats rented with crew? Yes No Describe: _____

Estimated Gross Receipts from Boat Rental \$ _____

LOSS INFORMATION – prior 5 years (if none state none)

Date of loss	Description	Paid/Reserve	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY DECLARE THAT I HAVE PERSONALLY READ THIS APPLICATION AND THAT THE STATEMENTS ARE TRUE. I UNDERSTAND THAT THIS IS NOT A BINDER OF INSURANCE AND IS INFORMATION SUBMITTED ONLY FOR THE PURPOSE OF RATING AND QUOTATION.

APPLICANTS SIGNATURE

DATE

AGENCY

ADDRESS

AGENCY CODE (IF HANOVER AGENT)

DOCK SCHEDULE FOR *(Must be completed in detail to obtain quote):*

DOCK	TYPE OF CONSTRUCTION	BRAND/MODEL	AGE	DOCK COVERED (ROOF)	ROOF SNOW BRACED	FIXED OR FLOATING	AGE OF FLOTATION	FLOTATION ENCAPSULATED	ANCHORING TYPE	ANCHORING LAST REPLACED	REPLACEMENT COST VALUE	ACV VALUE
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating						
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating						
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating						
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating						
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating						
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating						
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating						
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating						
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating						
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating						
TOTAL:												

Note: Replacement cost coverage available generally on docks under the following conditions:

- 10 Years or less in age
- Subject to receiving completed application and approval by underwriter.

COMPLETED BY _____

DATE _____