



Yacht Club Application

Renewal Date: _____ Quote Needed By: _____ Exp Package Premium: _____

AGENT INFO

Agency Name: _____ Producer: _____

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

Phone: _____ Email: _____

APPLICANT INFORMATION

Name: _____

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

Applicant is: Individual Partnership Corp Other (desc) _____

Years in business: _____

Declined, cancelled or non-renewed in past 3 yrs? Yes or No

If yes, give details _____

Is the applicant affiliated with any other business (e.g., a club affiliated with a marina)? Yes or No

If yes, name and describe affiliation: _____

Website address: _____

If located on or adjacent to a body of water, give name: _____

If on impounded (dammed) lake, distance to dam: _____

Age of the dam: _____

Quick summary of services provided (check all provided):

- Slip Rental
- Boat storage (dry)
- Boat Rental
- Sailing School or Youth Program
- Fuel sales and or Pump out
- Restaurant
- Bar
- Takeout Beer/wine or liquor sales
- Retail boating supplies & clothing
- Hotel/Motel
- Camping/RV spaces
- Other (describe): _____

YACHT CLUB LEGAL LIABILITY (Care, Custody, Control)

Docking:

Number of slips available: _____ Number of Club Memberships: _____

Estimated gross annual slip receipts for proposed policy period: \$ _____

Mooring & Anchoring:

Max # vessels moored on a seasonal basis: _____

How are moorings anchored: _____

Estimated gross annual mooring receipts for proposed policy period: \$ _____

Fueling:

Types of services offered: Gas Diesel Pump Out Self Service

Describe safeguards i.e. fire ext, shut offs etc.: _____

Estimated annual fueling receipts for proposed policy period: \$ _____

Hauling & Launching: (for non-members, typically associated with regattas)

Approx # vessels hauled out or launched per year: _____

How are vessels launched: _____

Who is in charge of launching procedures: _____

How often is lifting equipment inspected: _____ Are written records kept: Yes or No

Rental Boats:

of vessels rented (provide copy of rental agreement & vessel schedule) _____

Is tubing, water skiing, wakeboarding, knee boarding or wake skating allowed:* Yes or No

*If yes, note which vessels allow pulling activities on schedule

Estimated gross annual boat rental receipts for proposed policy period: \$ _____

YCLL Coverage Limits:

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

Per vessel: 100% of above limit

Deductible requested: \$1,000 (minimum) \$2,500 Other _____

Boat Storage Ashore:

*See following page for additional questions.

Values & Methods of Storage:

_____ # of Vessels Outside in open racks

_____ # of Vessels Outside non-racked

_____ # of Vessels Inside on racks

_____ # of Vessels Inside non-racked

If rack storage, how many levels are racks? 2, 3 or 4 high: _____

Sprinkler System: Yes or No In rack sprinkler system: Yes or No

Are vessels ever left on trailers? Yes or No

If yes, describe safeguards to guard against theft:

How are masts stored and where: _____

Theft protection: Burglar Alarm (type)_____ Night Watchman Fencing Flood Lights
 Other (Please explain):_____

Fire protection: Fire Alarm (type)_____ Certification Date: _____

Estimated gross annual storage receipts for proposed policy period: \$ _____

PROTECTION AND INDEMNITY (WATERCRAFT LIABILITY)

Limit of Liability: \$300,000 \$500,000 \$1,000,000

Number of Work, Committee & Safety Boats: _____ **Number of Sailing School Vessels:** _____

Do you have a mandatory lifejacket policy while operating boats above? Yes or No

Member's boats borrowed for committee or safety boat purposes during regattas? Yes or No

Number of regatta's per year: _____

Number of sailing school students per session: _____ **Number of sessions per year:** _____

Maximum number of sailing school students on the water per instructor: _____

Are instructors certified through US Sailing: Yes or No

Is there a safety boat on the water during all sailing school sessions: Yes or No

Are students required to take a swimming proficiency test prior to entering the program: Yes or No

Are waivers of liability signed by parents or guardians: Yes or No

PIERS, WHARVES AND DOCKS COVERAGE

Attach a diagram, indicating distances between where there is more than one pier, and include a photo (preferably aerial) of site. Show on diagram proximity of surrounding shorelines. Also provide a listing of docks indicating ages, slip sizes, construction type, value of each and whether covered or not. Be sure to note the location of the fuel dock if applicable.

Floating or fixed: _____ **Covered or open:** _____

Type of flotation: _____ **Is flotation encased:** Yes or No

Electricity on docks? Yes or No **Last updated:** _____ **Grilling allowed:** _____

Designed wind speed resistance _____ MPH

Material of cables: (Stainless steel?) _____ Fixed System or Cable/Winch system

Describe firefighting capabilities on piers: _____

Local fireboat available? Yes or No **Hydrants present within 500ft?** Yes or No

Is any property removed from water during winter? Yes or No If so, which? _____

Wake wall or other wave attenuation system present? Yes or No

Water level variation during a year (in feet): _____ **Minimum and maximum harbor depth:** _____

Has any company refused or cancelled any similar coverage applied for or in force during the past three years?
 Yes or No If yes give details:

Deductible: \$1,000 (min) \$2,500 \$5,000 \$10,000 \$25,000 Other _____

Weight of Ice & Snow: Yes or No Designed snow load capacity (live load per sq ft): _____

Is there a written policy/procedure for removal of ice and snow from covered docks? Yes or No
*If Wt of Ice & snow is desired, it can only be bound after receipt and acceptance by underwriting of inspection by accredited dock inspection firm.
Minimum deductible \$25,000.*

Business Income for docks: \$ _____ Lake or river on which located: _____

Are the docks exposed to river current? Yes or No

Approximate distance to crest of dam, if applicable _____

COMMERCIAL TOOLS & EQUIPMENT COVERAGE

Coverage:

Scheduled equipment: \$ _____

List all equipment or attach schedule:

Scheduled equipment Deductible: \$1,000 (min) \$2,500 \$5,000 \$10,000

Unscheduled Tools: \$ _____ *(recommend receipts or photos kept on file)*

Amount of insurance desired on any one item \$ _____

Unscheduled Tools Deductible: \$500 (min) \$1,000 \$2,500 \$5,000 \$10,000

Security & Maintenance:

Where is scheduled equipment stored when not in use:

Is there a regular equipment maintenance program in effect for scheduled equipment? Yes or No

If yes, please describe:

Are tools kept in locked compartments when premises are closed? Yes or No

Do members have unrestricted access to where tools are stored? Yes or No

Schedule Of Equipment:

Trade Name	Year Built	Serial/Model #'s	Type of Fuel	Limit of Insurance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 _____

OWNED WATERCRAFT

Hull and Machinery - Work, Rental & Safety Boat Coverage

Trade Name	*Use of Boat	Year Built	Length	Total H.P.	Value	Fuel	Hull ID #
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

*Indicate whether Work, Rental, Safety or Committee Boat

Deductible: \$1,000 (min) \$2,500 \$5,000 \$10,000

RESTAURANT & LIQUOR COVERAGE

Is UL 300 fire suppression system in place: Yes or No

How often is the UL 300 serviced: _____ Last service date: _____

Name of Service Company: _____

How often are the hoods cleaned: _____ Last service date: _____

Name of Service Company: _____

Are club members allowed to use the cooking equipment: Yes or No

Is club licensed to sell and serve alcoholic beverages on premises? Yes or No

Number of bartenders: _____ Number of servers working at any one time: _____

Has the staff been formally trained in a program such as TIPS or TAMS? Yes or No

Are there drink specials "happy hour" offered to patrons at anytime: Yes or No

Is alcohol served to members only: Yes or No Are one day memberships sold: Yes or No

Does the restaurant or bar offer live entertainment on a regular basis: Yes or No

Have there been any liquor violations in the last five years: Yes or No

If yes, please explain: _____

Please explain your "ride home" policy or procedures for intoxicated patrons:

Annual Food Receipts (include daily & regatta sales): \$ _____

Annual Liquor Receipts (include OTC, served and special event): \$ _____

Coverage is also available for Buildings, Business Contents, Business Automobile, Comprehensive General Liability, Work Comp, Boiler & Machinery, Crime, Business Interruption.

- **PLEASE ATTACH APPROPRIATE ACCORD APPLICATIONS FOR DESIRED COVERAGES**
- **PLEASE ATTACH A LOSS HISTORY FOR THE LAST 3 YEARS (MIN) Loss History**
- **PLEASE ATTACH A COPY OF THE AGREEMENTS USED FOR MEMBERSHIP, RENTAL BOATS, SAILING SCHOOL, SLIPS & STORAGE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR 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.

APPLICANTS SIGNATURE

DATE

Comments and additional information: