





Applicant Name: \_\_\_\_\_ Producer Name: \_\_\_\_\_

**BOAT DEALER SECTION**

*This is not a Binder*

**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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<b>REQUESTED LIMIT:</b>	Any One Boat	\$ _____	Deductible:	\$ _____
	Any One Accident	\$ _____	Deductible:	\$ _____

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

**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: \_\_\_\_\_

<b>DRY STORAGE:</b>	<b>LOCATION A</b>	<b>LOCATION B</b>	<b>LOCATION C</b>
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: (Please submit copy of Storage Agreement with the Application)	<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: \_\_\_\_\_

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**MARINA OPERATOR SECTION -continued**

*This is not a Binder*

<b>MOORING/DOCKING RENTALS:</b>	<b>LOCATION A</b>	<b>LOCATION B</b>	<b>LOCATION C</b>
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*

<b>Schedule of Boats:</b>	<b>Value</b>	<b>Deductible</b>
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**

*This is not a Binder*

**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 PILINGS LAST INSPECTED:** \_\_\_\_\_ **WHEN WERE PILINGS 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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	<b>REQUESTED DEDUCTIBLE (MINIMUM \$10,000)</b>	<b>FUEL PUMP</b>	<b>ELECTRICITY</b>	<b>OTHER SERVICES PROVIDED TO BOATS</b>	<b>ROOFS (R), AWNINGS (A) OR OPEN (O)</b>
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.