



MARINA OPERATORS SUPPLEMENTAL APPLICATION

PLEASE INCLUDE COMPLETED AND SIGNED ACORD COMMERCIAL APPLICATION,
GENERAL LIABILITY APPLICATION, AND PROPERTY APPLICATION FORMS

1. **NAMED INSURED:**

2. **PHYSICAL LOCATION** of property
with reference to nearest body of water or launch site:

3. **OPERATIONS** at insured premises (Coverage limited to operations described in applications)

<u>OPERATION</u>	<u>GROSS RECEIPTS PRIOR YR</u>	<u>EST.CURRENT YR</u>
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REPAIR

HULL: Please advise any
major refit or redesign

ENGINE:

Gas engine work (%)

Diesel engine work (%)

Certified by diesel manufacturer? _____

By Whom? _____

(copy of certification is required)

INTERIOR CAPRENTRY

ELECTRONICS (equipment sale plus labor)

DETAILING

No refinishing ops

With refinishing ops

CANVAS

UPHOLSTERY

PAINTING

PROVIDE A NARRATIVE OF ANY NON MARINE WORK

4. Do you subcontract any of the above listed operations to others?

What percentage?

RETAIL SALES:

Retail parts and supplies not connected to
Repair or installation

4. VESSEL INFORMATION:

What percentage: _____ Aux. Sail _____ Power boat do you handle in the above identified OPERATIONS.

What is the average size _____ : average value _____ total number _____ of the vessels at your facility

Please describe any operation listed above which involve commercial vessels. Please describe the average size, type, and commercial use of these vessels. What percentage of your work is on commercial vessels ?

5. LOCATION INFORMATION

What is the ISO protection class _____ Distance in miles from nearest fire station _____

We require all customer’s vessels be stored in a fenced locked lighted area during non business hours. Please confirm:

Premises Fenced _____ Floodlighted _____ Locked nonbusiness hrs _____

Watchman, employee, or owner on premises at night _____ yes _____ no

How old are the: _____ pilings _____ dock surface walkways _____ dock wiring

Is there a Travel Lift: _____ If, YES, please advise: _____ age _____ lift capacity _____

Describe any buildings used to store or repair vessels: _____ construction _____

age _____ heat source _____ fire protection

6. EMPLOYEE INFORMATION – We list all employees who will operate vehicles and/or vessel and require an approved MVR on each

<u>Employee Name/Duties</u>	<u>Drivers Licence Number/State</u>	<u># of years Employed</u>
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1. (Owner)

2.

3.

Please use reverse if more space needed. ******(Please indicate designated Travel Lift Operator)

As part of our underwriting program we will check the driving records of employees and owners.

7. LOSS EXPERIENCE

Please list the dollar amount of **ALL LOSSES** (property, workers compensation, general liability and marina operators liability) paid or reserved by any insurance Company during the preceding five years. Please provide the details of each loss.

Signature
Applicant _____ Title _____ Date _____

Signature
Agent or Broker _____ Date _____

Agency Name _____ **Location** _____