

**COMMERCIAL MARINE LIABILITY**

**MARINA OPERATORS APPLICATION SUPPLEMENT**

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY, IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE STATE "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE ATTACH A SEPARATE SHEET AND IDENTIFY THE QUESTION TO WHICH IT RESPONDS. LEAVE NO SPACE BLANK.

1. **NAME OF APPLICANT:** \_\_\_\_\_

2. **ADDRESS OF LOCATION(S):** \_\_\_\_\_  
 \_\_\_\_\_

3. **DESCRIBE SECURITY AT THE LOCATIONS:** \_\_\_\_\_

4. **DESCRIBE HURRICANE OR OTHER SEVERE WEATHER PREPAREDNESS PROCEDURES** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. **BREAKDOWN OF RECEIPTS BY OPERATIONS**

<b>Slip Rental</b>	<b>\$</b>	<b>Ships Store</b>	
<b>Inside Boat Storage</b>	<b>\$</b>	<b>Boat Sales</b>	
<b>Outside Boat Storage</b>	<b>\$</b>	<b>Boat Rental</b>	
<b>Hauling/Launching</b>	<b>\$</b>	<b>Restaurant/Snack Bar</b>	
<b>Fueling</b>	<b>\$</b>	<b>Liquor Sales</b>	
<b>Boat Repair</b>	<b>\$</b>	<b>Other (describe below)</b>	

6. **DESCRIBE "OTHER" OPERATIONS:** \_\_\_\_\_  
 \_\_\_\_\_

7. **SLIP RENTAL**

	LOCATION 1	LOCATION 2	LOCATION 3
Total Number of Slips			
Max. # of slips any one finger pier			
Total # of slips under roof			
Average value of each boat			
Maximum value of each boat			

**DESCRIBE DOCK CONSTRUCTION, AGE, AND TYPE OF FLOATATION:** \_\_\_\_\_  
 \_\_\_\_\_

**DESCRIBE ROOF CONSTRUCTION IF APPLICABLE:** \_\_\_\_\_  
 \_\_\_\_\_

**8. BOAT STORAGE**

	LOCATION 1	LOCATION 2	LOCATION 3
Total Number of Buildings			
Max. # of storage spaces in any one building – non-racked			
Max. # of storage spaces in any one building – racked			
# Boats Stored outside			
Average value of each boat			
Maximum value of each boat			

DESCRIBE AGE AND CONSTRUCTION OF EACH BOAT STORAGE BUILDING: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE SPRINKER SYSTEMS, IF APPLICABLE, FOR EACH STORAGE BUILDING: \_\_\_\_\_

\_\_\_\_\_

**9. HAULING/LAUNCHING**

INDICATE TYPE OF LIFT DEVICES AND CAPACITY FOR EACH: \_\_\_\_\_

\_\_\_\_\_

INDICATE TYPE AND EXTENT OF TRAINING FOR OPERATORS OF ALL LIFT DEVICES \_\_\_\_\_

\_\_\_\_\_

ARE ANY BOATS HAULED TO OWNERS OVER THE ROAD? IF YES, PLEASE DESCRIBE FREQUENCY OF DELIVERIES AND APPROXIMATE MILEAGE \_\_\_\_\_

**10. FUELING**

NUMBER OF FUEL DOCKS \_\_\_\_\_

UNDER WHO'S SUPERVISION IS FUELING DONE? \_\_\_\_\_

ARE FUEL SYSTEMS EQUIPPED WITH EMERGENCY CUT-OFF SWITCH? \_\_\_\_\_

IS EMERGENCY SPILL CLEAN UP GEAR AVAILABLE ON FUEL DOCK? \_\_\_\_\_

**11. BOAT REPAIR**

INDICATE PERCENTAGE OF OPERATIONS:

Hull Repairs		Winterizing	
Painting		Engine/Propulsion	
Electronic Installation		Sail/Canvas	
Electrical		Other	
Fuel Systems			

DESCRIBE "OTHER" REPAIR OPERATIONS: \_\_\_\_\_

\_\_\_\_\_

ARE ANY REPAIRS SUB-CONTRACTED OUT? IF YES, PLEASE DESCRIBE \_\_\_\_\_

\_\_\_\_\_

ARE SUB-CONTRACTORS REQUIRED TO CARRY CERTIFICATES OF INSURANCE? \_\_\_\_\_

**12. OTHER OPERATIONS**

**BOAT SALES: INDICATE MANUFACTURERS AND TYPES OF WATERCRAFT SOLD:** \_\_\_\_\_  
\_\_\_\_\_

**DOES INSURED SELL USED BOATS? IF YES, INDICATE PERCENTAGE OF TOTAL BOAT SALES.**  
\_\_\_\_\_

**DOES THE INSURED SELL CONSIGNED BOATS? IF YES, INDICATED ANNUAL BROKERAGE REVENUE** \_\_\_\_\_

**BOAT RENTAL:**

**INDICATE NUMBER, TYPE, SIZE AND HORSEPOWER OF BOATS RENTED:** \_\_\_\_\_  
\_\_\_\_\_

**ARE INSTRUCTIONS GIVEN TO ALL RENTERS?** \_\_\_\_\_

**ARE ALL RENTING OPERATIONS CONDUCTED DURING DAYLIGHT HOURS?** \_\_\_\_\_

**SWIMMING POOL(S):**

**NUMBER OF POOLS ON EACH PREMISES:** \_\_\_\_\_

**MAXIMUM WATER DEPTH OF EACH:** \_\_\_\_\_

**HOURS OF OPERATION:** \_\_\_\_\_

**FENCES AND SECURITY:** \_\_\_\_\_

**LIFEGUARDS ON DUTY?:** \_\_\_\_\_

**ANY DIVING BOARDS?** \_\_\_\_\_

**13. ANY OTHER COMMENTS / REMARKS RELEVANT TO THIS APPLICATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. PLEASE ATTACH (IF APPLICABLE):**

- A. SLIP RENTAL AGREEMENT
- B. BOAT STORAGE AGREEMENT
- C. REPAIR ORDER
- D. BOAT RENTAL AGREEMENT

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THIS POLICY IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF.**

PRODUCER'S SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_ TITLE: \_\_\_\_\_