

BOAT DEALER/ MARINA OPERATOR

This is not a Binder

| Ш | □ Great American Insurance C | Company of New York |
|---|------------------------------|---------------------|
| | Great American Insurance C | Company |
| | ገ | |

| NAME OF APPLICANT | PRODUCER NAME AND ADDRESS |
|---|---|
| ADDRESS - NUMBER AND STREET | |
| CITY STATE ZIP | |
| LOCATION OF YARD (BUILDINGS) | |
| A | |
| В | |
| C | |
| PRESENT INSURANCE CARRIER | REASON BEING REPLACED |
| PRODUCER CURRENT AGENT OF RECORD? | CURRENT PREMIUM |
| Yes No | DECUTED ATTACHMENT DATE |
| EXPIRATION DATE OF CURRENT POLICY | REQUESTED ATTACHMENT DATE |
| YEARS IN BUSINESS | HAS INSURANCE EVER BEEN CANCELED? ☐ Yes ☐ No |
| EXPERIENCE OF PRINCIPALS | 2 103 2 110 |
| | |
| LOCATION A | LOCATION B LOCATION C |
| Complete fence and floodlight Watchman service with clock Owner lives on premises Yes Yes | No Yes No No Yes No |

| Section I - Bo | Section I - Boat Dealer | | | | |
|--|------------------------------|-------------------------|---------------------------|----------------------------|--|
| PROPERTY DAM | MAGE LIMIT | | | | |
| Location A | Location A Location B | | Location C | | |
| LIABILITY LIMIT | | | DEDUCTIBLE | | |
| MORTGAGEE NA | AME AND ADDRESS | | | | |
| | | | | | |
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| | | | | | |
| | PROPERTY SO | ID | MA | NUFACTURERS | |
| Dower boots | TROI ERTI GO | | 170 | NOTONERO | |
| Power boats Sail boats | | | | | |
| | | | | | |
| Accessories | | | | | |
| Motors | | | | | |
| Trailers | 1.09 | ST INVENTORY DATE | AVERAGE-MONTHLY INVENTORY | MAXIMUM MONTHLY INVENTORY | |
| 1ti A | | 31 INVENTORT DATE | AVERAGE-MONTHEL INVENTORT | WAXIWOWINONTILI INVLINTORT | |
| | Inside | | | | |
| | Outside | | | | |
| | In Water | | | | |
| | Inside | | | | |
| | Outside | | | | |
| | In Water | | | | |
| Location C. | Inside | | | | |
| | Outside | | | | |
| BOATS DELIVER | In Water RED (LAND OR WATER) | | | | |
| | | N. 1. (1.) | THE CO. | | |
| Total Annual Va | alues = | Number of boats | Highest | value boat | |
| Maximum mile | es over land | | Maximum miles over water | | |
| DEMONSTRATIO | ONS (JET SKIS AND WAVERU | NNERS ARE NOT COVERED) | | | |
| Number per m | nonth | | Maximum MPH on boats | | |
| Where are demonstrations performed? Miles from shore | | | | | |
| All U.S. Coast Guard safety equipment on board | | | | | |
| Employees trained in use prior to demonstration | | | | | |
| Explain: | | | | | |
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| BOAT SHOWS | | | | | |
| | | Maximum Number of boats | each show Maximun | n limit required per show | |
| TRANSPORTED | BY Common carrier | Owned vehicles | ☐ Both | MAXIMUM DISTANCE TO SHOWS | |
| | All land | | Land and water | miles | |
| - | | _ / | | 1111100 | |

| Section II - Marina Operator | |
|--|---|
| REQUESTED LIMIT DE | DEDUCTIBLE |
| ACTIVITY | ANNUAL GROSS RECEIPTS |
| Repairs/alterations | \$ |
| Dry storage | \$ |
| Mooring/docking rentals | \$ |
| Fueling | \$ |
| Hauling and launching | \$ |
| Other service receipts (type) | \$ |
| Total | \$ |
| REPAIR OPERATIONS | |
| Type of Vessels Repaired Typ | ype of Work |
| Highest value any Average value one boat repaired of boat repaired | Are boat owners allowed to work on their own boats? |
| Describe any non-private pleasure boat repairs and amount of receipts: | |
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| DRY STORAGE | |
| | LOCATION A. LOCATION B. LOCATION C. |
| Maximum value stored inside | |
| Maximum value stored outside | |
| Average monthly value | |
| Number of boats stored | |
| Are boats stored in racks? | stored afloat between 12/1 and 4/1 = |
| Winterizing or make ready maintenance part of the storage agreement? (Please submit copy of storage agreement with this application) | ☐ Yes ☐ No |
| Describe type of building construction for land storage: | |
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| MOORING/DOCKING RENTALS | | LOCATION | LOCATION D | LOCATION C |
|--|-----------------------------|---|--|----------------------|
| | | LOCATION A. | LOCATION B. | LOCATION C. |
| Maximum number of slips/moorings to rent | | | | |
| Actual number rented | | | | |
| Maximum value any one boat | | | | |
| Total value of all boats | | | | |
| Do any of the slips have roofs? | Yes No Ho | w many? | | |
| Are any of the slips owned by boat owners? | ☐ Yes ☐ No Ho | w many? | | |
| HAULING AND LAUNCHING | | | | |
| Number of boats handled last year | Type of equipment | 🗖 Ramps 📮 | Cranes 🖵 | |
| Rated capacity of lifting equipment | Fred | quency of maintenance | e of equipment | |
| FUELING | | | | |
| Type of fuel sold | | propane tanks refilled Both Smoking sign | on premises? s posted and enforced? | Yes No |
| OTHER SERVICING | | | | |
| Please describe: | | | | |
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| Section III - Owned Watercraft | | | | |
| Applies only to work boats used in conjunction | with marina and boat dealer | operations. Private pl | easure use is not cover | ed. |
| Schedule of boats | Value | | Deductible | |
| 1 | 1 | | 1 | |
| 2 | 2 | | 2 | |
| 3 | | | 3 | |
| 4 | 4 | | 4 | |
| 5 | 5 | | 5 | |
| Liability limit requested:* | | Deductil | ole | |
| Crew coverage required? | o If yes, how many? | Navigation not | to exceed | miles from premises. |

| List all claims or los | ses (whether or no | t insured) sustained during | the last five years on all operations. | | _ | |
|--|--------------------|-----------------------------|--|----------------------------|-------|--------|
| TYPE OF LOSS | DATE | LOCATION OF ACCIDENT | DETAILS | GROSS AMOUNT BEFORE ANY | CLAIM | |
| | | S. AGODENI | | DEDUCTIBLE | OPEN | CLOSED |
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| REMARKS | ı | I | J. | I. | 1 | |
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| 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. (Applicable to New York State only.) | | | | | | |
| Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued. | | | | | | |
| APPLICANT SIGNATUR | | | NY TITLE | DATE | | |
| PRODUCER SIGNATUR | ?E | COMPA | NYTITLE | DATE | | |
| L | | | | | | |

Section IV - Loss History

| Additional Comments: | |
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