

MARINA OPERATORS SUPPLEMENTAL APPLICATION

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

NAMED INSURED: _____

PHYSICAL LOCATION of property with reference to nearest body of water: _____

OPERATIONS at insured premises (Coverage limited to operations described in applications):

| OPERATION | GROSS RECEIPTS PRIOR YR | EST.CURRENT YR |
|---------------------------|-------------------------|----------------|
| Moorage: | | |
| Open Slips | \$ | \$ |
| Buoys | \$ | \$ |
| Covered Slips | \$ | \$ |
| Storage on land: | | |
| Inside | \$ | \$ |
| Outside | \$ | \$ |
| Hauling/launching: | \$ | \$ |
| Repair: | | |
| Hull | \$ | \$ |
| Engine | \$ | \$ |
| Rigging | \$ | \$ |
| Interior | \$ | \$ |
| Electronics | \$ | \$ |
| Retail Sales: | | |
| Fuel: Gas | \$ | \$ |
| Fuel: Diesel | \$ | \$ |
| Supplies | \$ | \$ |

VESSEL INFORMATION:

What percentage: _____ Aux. Sail _____ Powerboat do you handle in the above identified operations.

Average size: _____ Average value: _____

Total number of the vessels at your facility: _____

Are customers required to maintain insurance on their vessels: YES NO

Please describe any operation listed above which involves commercial vessels. Please describe the average size, type and commercial use of these vessels.

LOCATION INFORMATION

ISO protection class: _____ Distance in miles from nearest fire station: _____

Watchman, employee, or owner on premises at night: YES NO

Premises:

Fenced Floodlighted Locked during nonbusiness hrs

Age of the pilings: _____ Age of dock surface: _____ Age of walkways: _____

Age of dock wiring: _____

Age of Travel Lift: _____ Manufacturer: _____ Lift capacity: _____

Describe any buildings used to store or repair vessels (construction, age, heat source, fire protection): _____

Total number of slips: _____ Total number of buoys: _____

Total number of Vessels stored ashore: _____

EMPLOYEE INFORMATION:

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

| Employee Name | Duties | Drivers License Number/State | # of years Employed |
|---------------|--------|------------------------------|---------------------|
| | | | |
| | | | |
| | | | |

** (Please indicate the designated Travel Lift Operator)

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 OM-MOSP (4/98)

five years. Please provide the details of each loss. _____

Signature of Applicant

Title

Date

Signature Agent or Broker

Date

Agency Name: _____

Location: _____