

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: _____