



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:

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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A. Moorage: OPEN SLIPS
 BUOYS
 COVERED SLIPS

B. Storage on land: INSIDE
 OUTSIDE

C. Hauling/launching:

D. Repair: HULL
 ENGINE
 RIGGING
 INTERIOR
 ELECTRONICS

E. Retail Sales: FUEL: GAS
 DIESEL
 SUPPLIES:

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

-Do you require your customers to maintain insurance on their vessels _____ yes _____ no

Please describe any operation listed above (**3. A.B.C.D. E.**) which involve commercial
 vessels. Please describe the average size, type, and commercial use of these vessels.

5. LOCATION INFORMATION

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

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

- Premises Fenced _____ Floodlighted _____ Locked nonbusiness hrs _____

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

-Travel Lift: _____ age _____ manufacturer _____ lift

capacity _____

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

_____ age _____ heat source _____ fire protection

-Total number of: _____ slips; _____ buoys _____ Vessels stored ashore _____

6. EMPLOYEE INFORMATION

Employee Name/Duties Drivers Licence Number/State # of years Employed

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** _____