



Boat Marinas or Yards/Boat Repair/Boat Storage Supplemental Application

(Complete in addition to ACORD General Liability Application)

1. Name of Applicant: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Web Site Address: _____

2. Type of Business: Boat Repair Boat Storage Boat Marinas or Yards
 Years in Business: _____
 Years in business under the same ownership: _____
 Is Applicant affiliated with any other business (e.g., resort)? Yes No
 If yes, provide details: _____

3. Business premises are located on which body of water? _____
 A. Who governs this body of water (e.g. Corp of Engineers, TVA, etc)? _____
 B. Is business open all twelve (12) months of the year? Yes No
 If no, when open? From: _____ to _____

4. Deductible requested: \$1000 (minimum) \$2500
 5. Provide Total Estimated Annual Gross Receipts: \$ _____

6. Provide Total Estimated Annual Gross Sales / Payroll / Number of Spaces for each applicable operation:

Operation	Class Code	Annual Gross Sales/Payroll/ No. of Spaces	Operation	Class Code	Annual Gross Sales/Payroll/ No. of Spaces
Boat Storage and Moorage	10105	Annual Gross Sales \$	Restaurants—with no sale of alcoholic beverages—with table service	16900	Annual Gross Sales \$
Boat Yards or Marinas—Public	10107	Annual Gross Sales \$	Restaurants—with no sale of alcoholic beverages—without table service—with seating	16901	Annual Gross Sales \$
Boats—canoes or rowboats—for rent not equipped with motors	10110	Annual Gross Sales \$	Restaurants—with no sale of alcoholic beverages—without seating	16902	Annual Gross Sales \$

Operation	Class Code	Annual Gross Sales/Payroll/ No. of Spaces	Operation	Class Code	Annual Gross Sales/Payroll/ No. of Spaces
Boat Repair and Servicing	91235	Payroll \$	Restaurants—with sale of alcoholic beverages that are less than thirty per cent (30%) of the annual receipts of the restaurant—with seating	16910	Annual Gross Sales \$
Campgrounds or Recreational Vehicle Parks	10331	No. of Spaces: \$	Store—food or drink	18435	Annual Gross Sales \$
Hotels/Motels—with pools and beaches—less than four stories	45190	Annual Gross Sales \$	Store—no food or drink	18437	Annual Gross Sales \$
Hotels/Motels—without pools and beaches—less than four stories	45192	Annual Gross Sales \$	Annual Gross Liquor Receipts		Annual Gross Receipts \$
Diving-Marina (Hull Repair/Hull Cleaning):	91666	Payroll \$	Other (Describe):		\$

7. Do you sponsor any Special Event? Yes No
If yes, describe: _____
8. Do you use a Crane/Boat Lift? Yes No
What is the maximum height of any lift? _____ Feet
How old are your Slings? _____ Years Old
9. Do you provide Pump-out Service? Yes No
If yes, do you maintain all environmental records in accordance with State and Local Regulations? Yes No
10. Do you operate a Fueling Station? Yes No
If yes, answer questions below:
A. What are your Total Estimated Annual Gross Sales from this operation?\$ _____
B. Number of tanks located at your site: _____ Underground _____ Above Ground
C. What is the age of your oldest tank? _____ years old
D. What is the maximum capacity of your largest tank? _____ gallons
E. What is the age of your oldest piping? _____ years old
F. Do you offer twenty-four (24) hour self-service fueling? Yes No
G. Is fueling always performed by an employee attendant? Yes No
11. What is the maximum length of boats:
Rented to others: _____ Repair for others: _____ Stored for others: _____
12. Do you repair high performance boats? Yes No
13. Do you rent or sell any ATVs, houseboats, jet skis, wave runners or other personal watercrafts, and vehicles? Yes No
If yes, describe: _____

14. Do you build or manufacture any watercraft?..... Yes No
 If yes, describe: _____

15. Describe your floating property.

	Dock/Bldg. 1	Dock/Bldg. 2	Dock/Bldg. 3
Dock Name, Letter or Number			
Dock Construction Type (wood or steel)			
Age			
Number of slips			
Are docks covered (i.e. with roof)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Located on a waterway that is subject to tides and/or water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Boat Repairs (Repairs, Restoration, Alteration, Maintenance):

Types of Work Done:							
Electrical	%	Engine work	%	Fiberglass	%	General repair	%
Non-spray painting	%	Spray painting	%	Welding	%	Woodworking	%
Cleaning	%	Describe: _____					
Type of vessels repaired: <input type="checkbox"/> Gross Registered Tonnage (GRT) <input type="checkbox"/> Length/Beam							
Any conversion or reconstruction of vessels (e.g. for parasailing)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes:							
Annual receipts: _____							
Describe work performed: _____							
Other—Describe: _____							
Value of vessels handled: Average: \$ _____ Maximum: \$ _____							
Percentage of income from: Commercial craft _____% Pleasure/Personal _____%							
Age of boats repaired: _____							

17. Are operations subject to the Jones Act or the USL&H Act? Yes No

PLEASE ATTACH A COPY OF THE FOLLOWING ITEMS IF APPLICABLE:

1. YOUR BOAT RENTAL AGREEMENT
2. YOUR SLIP RENTAL AGREEMENT
3. YOUR FIVE YEAR CURRENTLY VALUED INSURANCE CARRIER LOSS RUNS

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Nebraska, Oregon or Vermont).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total
Deductible	\$	\$

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.