



APPLICATION FOR MARINAS

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____

2. Individual Corporation Partnership Other (Explain) _____

3. Address of location to be insured (If same as above, write "Same") 4. Date Established: _____
 Street Address _____
 City _____ State _____ Zip _____

5. List full names of individuals or partners and their interests _____

6. Please provide prior insurance information. If none, check here

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Or Claims Made	Type of Coverage

7. During the past 3 years, have any claims been presented to your current or prior insurance carrier? Give full details, include description of claim, amount paid and reserves. (Add page if needed) _____ Yes No

8. Is applicant, or any other persons for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed) _____ Yes No

9. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past 3 years? If yes, provide full details below. (Add page if needed). _____ Yes No

10. Please indicate percentage of income derived from the following services:

Storage _____ %	Berthing _____ %
Launching _____ %	Inboard engine repair _____ %
Restaurant/Snack bar _____ %	Outboard engine repair _____ %
New boat sales _____ %	Boat rental (Attach list of boats) _____ %
Hauling _____ %	Fueling (Provide details of any underground storage tanks) _____ %
Hull Repair _____ %	# of slips _____
Boating Instruction _____ %	Lifting capacity of cranes _____
Parts/Accessories Sales _____ %	Highest value of boat worked on \$ _____
Used boat sales _____ %	

(Continue on last page if more space is needed)

11. Are signs posted advising the public that work areas are off limits? Yes No
12. Does the applicant provide tools for customers? Yes No
If yes, are tools maintained and inspected on a regular basis? Yes No
13. Do walkways have: Non-slip surfaces? Yes No
Adequate Lighting? Yes No
Guardrails & Handrails? Yes No
14. Is the applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, please provide full details. Yes No

15. Please show number of: _____ Full Time staff _____ Partners, owners, officers
_____ Part Time staff _____ Other (Please explain below)

16. Annual Receipts \$ _____ Annual Payroll \$ _____

17. Name and phone number of person to contact for inspection/audit.
Name _____ Phone _____

18. Please provide details of work performed by independent contractors _____

Does the applicant require certificates of insurance from independent contractors showing general liability and Worker's Compensation coverage in force? Yes No

19. Do you assume anyone else's liability in your contracts? If yes, attach copy of contract. Yes No

Additional Insureds*	Describe Interests of Additional Insureds*

* Add page if needed.

21. LIMITS OF INSURANCE REQUESTED:
 General Aggregate Limit (Other than Products – Completed Operations) \$ _____
 Products – Completed Operations Aggregate Limit \$ _____
 Personal and Advertising Injury Limit \$ _____
 Each Occurrence Limit \$ _____
 Fire Damage Limit (up to \$50,000 limit available) \$ _____ any one (1) fire
 Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one (1) person
 Each Professional Incident Limit (if applicable) \$ _____

22. Desired effective dates of coverage: From _____ To _____

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____