



# 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> |
|------------------|--------------------------------|------------------------|
|------------------|--------------------------------|------------------------|

|                    |               |  |
|--------------------|---------------|--|
| <b>A. Moorage:</b> | OPEN SLIPS    |  |
|                    | BUOYS         |  |
|                    | COVERED SLIPS |  |

|                            |         |  |
|----------------------------|---------|--|
| <b>B. Storage on land:</b> | INSIDE  |  |
|                            | OUTSIDE |  |

**C. Hauling/launching:**

|                   |             |  |
|-------------------|-------------|--|
| <b>D. Repair:</b> | HULL        |  |
|                   | ENGINE      |  |
|                   | RIGGING     |  |
|                   | INTERIOR    |  |
|                   | ELECTRONICS |  |

|                         |           |  |
|-------------------------|-----------|--|
| <b>E. Retail Sales:</b> | 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** \_\_\_\_\_