

**Application for:  
Yacht Dealers and Marina Operators**

**Merrimac Marine Insurance, LLC**

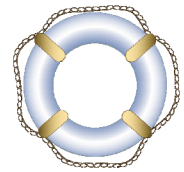
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POLICY TO BE ISSUED IN THE NAME OF:			PRODUCER'S NAME:		
MAILING ADDRESS			AGENCY'S ADDRESS:		
CITY	STATE	ZIP	CITY	STATE	ZIP
REQUESTED EFFECTIVE DATES: FROM TO			PRODUCER PHONE NUMBER:		PRODUCER FAX NUMBER
INSURED IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION					
TAX ID / SSN					
<b>COVERAGES REQUESTED</b>					
<input type="checkbox"/> SECTION A: YACHT DEALERS COVERAGE			<input type="checkbox"/> SECTION D: PIERS WHARVES AND DOCKS		
<input type="checkbox"/> SECTION B: MARINA OPERATORS LEGAL LIABILITY COVERAGE			<input type="checkbox"/> SECTION E: COMMERCIAL TOOLS AND EMPLOYEES TOOLS COVERAGE		
<input type="checkbox"/> SECTION C: PROTECTION AND INDEMNITY COVERAGE			<input type="checkbox"/> SECTION F: OWNED WATERCRAFT		
<b>PLEASE ATTACH</b>		<input type="checkbox"/> A) APPLICANT'S MOST CURRENT ANNUAL REPORT, FORM 10K OR OTHER FINANCIAL INFORMATION <input type="checkbox"/> B) SALES BROCHURE DESCRIBING THE APPLICANT'S PRODUCTS <input type="checkbox"/> C) COPIES OF STORAGE AND RENTAL AGREEMENTS, IF APPLICABLE <input type="checkbox"/> D) LOSS HISTORY FOR THE LAST FIVE YEARS <input type="checkbox"/> E) ACORD APPLICATIONS			
<b>GENERAL INFORMATION</b>					
1. BUSINESS OF APPLICANT:					
2. NUMBER OF YEARS IN BUSINESS:					
LIST ALL PHYSICAL LOCATIONS					
LOCATION #1:	ADDRESS:	CITY:	ST:	ZIP:	
LOCATION #2	ADDRESS:	CITY:	ST:	ZIP:	
LOCATION #3	ADDRESS:	CITY:	ST:	ZIP:	
3. DOES APPLICANT HAVE ANY DIVISIONS OR AFFILIATES NOT TO BE INSURED HEREUNDER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE NAME AND DESCRIBE:					
4. HAS THE APPLICANT HAD ANY INSURANCE POLICY DECLINED, CANCELLED, OR NON-RENEWED DURING THE PRIOR 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE GIVE DETAILS:					
5. DOES THE APPLICANT HAVE ANY KNOWLEDGE OF ANY FACTS, WHICH MIGHT GIVE RISE TO A CLAIM UNDER THESE POLICIES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE GIVE DETAILS:					
6. HAS THE APPLICANT EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE GIVE DETAILS:					
7. PLEASE INCLUDE INFORMATION ON ANY SPECIAL CONSIDERATIONS OR CONCERNS YOU WOULD LIKE TO ADDRESS:					

**YACHT DEALERS INSURANCE – SECTION A**

**LIMITS REQUESTED**

\$ ON ANY ONE VESSEL

\$ WHILE ON PREMISES AT:

\$ WHILE IN LAND TRANSIT

\$ WHILE ON EXHIBIT AT:

\$ IN ANY ONE OCCURRENCE

\$ FALSE PRETENSE COVERAGE (IF OVER \$25,000 IS DESIRED)

DEDUCTIBLE REQUESTED (MIN \$1,000): OPTIONAL DEDUCTIBLE: \$

	LOCATION 1	LOCATION 2	LOCATION 3
1. AVERAGE TOTAL INVENTORY (VESSELS & GOODS EACH NAMED LOCATION):	\$	\$	\$
2. MAXIMUM INVENTORY (VESSELS & GOODS EACH NAMED LOCATION):	\$	\$	\$
3. AVERAGE NUMBER OF VESSELS IN INVENTORY (EACH NAMED LOCATION):	#	#	#
4. MAXIMUM NUMBER OF VESSELS IN INVENTORY (EACH NAMED LOCATION):	#	#	#
	INSIDE	OUTSIDE	WATERBORNE
5. AVERAGE VALUE ANY ONE VESSEL:	\$	\$	\$
6. MAXIMUM VALUE ANY ONE VESSEL:	\$	\$	\$
7. ESTIMATED NUMBER OF VESSELS IN TRANSIT ANNUALLY	#		
8. ESTIMATED NUMBER OF BOAT SHOWS / EXHIBITIONS ANNUALLY	#		
9. ESTIMATED NUMBER OF DEMONSTRATIONS ANNUALLY	#		
10. ARE APPLICANT'S PERSONNEL IN CHARGE OF DEMONSTRATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, HOW ARE THEY PERFORMED?			
11. LIST ALL MAIN MANUFACTURERS AND MAJOR HULL MODELS SOLD:			
12. LIST PERCENT OF INVENTORY REPRESENTED BY FOREIGN MADE PRODUCTS	%		
13. LIST PERCENT OF INVENTORY THAT IS HIGH PERFORMANCE (CAPABLE OF SPEEDS GREATER THAN 60 MPH)	%		
14. ARE ANY OTHER PRODUCTS OTHER THAN BOATS OR BOAT ACCESSORIES SOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PERCENTAGE OF SALES	%		
DESCRIBE NON-BOAT PRODUCTS:			
15. REQUESTED FORM: <input type="checkbox"/> REPORTING FORM <input type="checkbox"/> NON REPORTING FORM			
16. ARE ANY BOATS TAKEN OUT OF INVENTORY FOR THE FOLLOWING:			
RENTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ESTIMATED ANNUAL RECEIPTS:			\$
PERSONAL USE BY OWNER / EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER OF TIMES PER YEAR:			#
LOANERS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
17. AVERAGE NUMBER OF DELIVERIES ANNUALLY:	#		
MAXIMUM DISTANCE TRAVELED FOR LAND DELIVERIES:	MILES:		
MAXIMUM DISTANCE NAVIGATED WATER DELIVERIES:	NAUTICAL MILES:		

MARINA OPERATORS LEGAL LIABILITY – SECTION B

<b>LIMIT OF LIABILITY</b>	<input type="checkbox"/> \$1,000,000 DEDUCTIBLE: \$		
<b>1. DOCKING</b>  <input type="checkbox"/> N/A	NUMBER OF SLIPS AVAILABLE: #	NUMBER OF DOCKS AVAILABLE: #	
	MAXIMUM VALUE OF ANY ONE VESSEL DOCKED : \$ ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD: \$		
<b>2. FUELING</b>  <input type="checkbox"/> N/A	TYPE OF FUEL <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> LPG FIRE PROTECTION: (DESCRIBE SAFEGUARDS)		
	WHO SUPERVISES FUELING: ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD: \$		
<b>3. HAULING AND LAUNCHING*</b>  <input type="checkbox"/> N/A	* OTHER THAN IN CONJUNCTION WITH REPAIRS OR STORAGE		
	APPROXIMATE NUMBER OF VESSELS HAULED PER YEAR: #	MAXIMUM VALUE ANY ONE VESSEL: \$	
	THREE PRIOR YEARS RECEIPTS:	YEAR 1 \$	YEAR 2 \$
			YEAR 3 \$
	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD: \$		
<b>4. MOORING AND ANCHORING</b>  <input type="checkbox"/> N/A	MAXIMUM NUMBER OF VESSELS MOORED: #	MAXIMUM VALUE OF ANY ONE VESSEL: \$	
	THREE PRIOR YEARS RECEIPTS:	YEAR 1 \$	YEAR 2 \$
			YEAR 3 \$
	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD: \$		
<b>5. RENTAL BOATS*</b>  <input type="checkbox"/> N/A	* ATTACH A COMPLETE DESCRIPTION OF VESSELS <input type="checkbox"/> ATTACHED		
	NUMBER OF VESSELS: #	PLEASE PROVIDE A COPY OF RENTAL AGREEMENT	
	THREE PRIOR YEARS RECEIPTS:	YEAR 1 \$	YEAR 2 \$
			YEAR 3 \$
	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD: \$		
<b>6. SHIP REPAIRERS</b>  <input type="checkbox"/> N/A	VALUE OF VESSELS HANDLED: AVERAGE: \$ MAXIMUM: \$ WHAT PERCENTAGE OF REPAIR RECEIPTS IS FOR NON-COMMERCIAL/PLEASURE CRAFT? % IF PRIMARILY A YACHT REPAIR FACILITY, PLEASE PROVIDE BREAKDOWN OF REPAIR OPERATIONS (e.g. ENGINE, HULL ETC)		
	PAINTING %	WELDING %	REFINISHING %
	ELECTRICAL %	OTHER %	
	GENERAL REPAIR %	FIBERGLASSING %	ENGINE REPAIR %
	WOODWORKING %	SPRAY PAINTING %	
	THREE PRIOR YEARS RECEIPTS	YEAR 1 \$	YEAR 2 \$
			YEAR 3 \$
	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD: \$		
<b>7. SHIPS STORE SALES</b>  <input type="checkbox"/> N/A	WHAT PERCENTAGE OF SALES ARE CONSUMABLES? (FOOD, DRINK, etc) %		
	THREE PRIOR YEARS RECEIPTS	YEAR 1 \$	YEAR 2 \$
			YEAR 3 \$
	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD: \$		

MARINA OPERATORS LEGAL LIABILITY – SECTION B (cont'd)

VALUE OF VESSELS STORED AND METHOD OF STORAGE

	AVERAGE	MAXIMUM	NUMBER
OUTSIDE IN OPEN RACKS	\$	\$	#
NON-RACKED	\$	\$	#
INSIDE ON RACKS	\$	\$	#
NON-RACKED	\$	\$	#

INDIVIDUAL VALUE OF VESSELS STORED: AVERAGE: \$ MAXIMUM: \$

THREE PRIOR YEARS RECEIPTS: YEAR 1 \$ YEAR 2 \$ YEAR 3 \$

ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD: \$

HOW MANY LEVELS ARE STORAGE RACKS?  N/A  2  3  4  OTHER

ARE VESSELS EVER LEFT ON TRAILERS?  YES  NO  
IF YES, PLEASE DESCRIBE SAFEGUARDS AGAINST THEFT:

WHAT IS CONSTRUCTION OF BUILDINGS?  BRICK  CONCRETE  STEEL  FRAME  OTHER  
IF OTHER, PLEASE EXPLAIN:

WHAT IS THE AGE OF THE BUILDING? IS BUILDING SPRINKLERED?  YES  NO

WHAT PROTECTION SYSTEMS ARE CURRENTLY USED? (MARK ALL THAT APPLY)

BURGLAR ALARM / TYPE  NIGHT WATCHMAN  FLOOD LIGHTS

FIRE ALARM / TYPE  FENCING  OTHER /

CENTRAL STATION / CERTIFICATE # EXPIRATION DATE:

WINTER STORAGE INFORMATION:

BATTERIES REMOVED?  YES  NO IF, YES, DONE BY:  INSURED  VESSEL OWNER(S)  BOTH

FUEL TOPPED OFF OR EMPTIED?  YES  NO IF YES, DONE BY:  INSURED  VESSEL OWNER(S)  BOTH

IF STORAGE BUILDING HAS A FLAT ROOF, IS SNOW REMOVAL COMMON PRACTICE (WHERE APPLICABLE)?  YES  NO  
IF YES, DESCRIBE PROCEDURE :

ARE VESSEL OWNERS REQUIRED TO MAINTAIN LIABILITY INSURANCE?  YES  NO  
IF YES, MINIMUM LIMIT REQUIRED: \$

ARE CERTIFICATES OF INSURANCE OBTAINED FROM ALL VESSEL OWNERS AND KEPT ON FILE?  YES  NO

IS A SIGNED CONTRACT WITH HOLD HARMLESS WORDING USED BY THE APPLICANT FOR STORAGE?  YES  NO

ATTACH A COPY OF STORAGE CONTRACT CURRENTLY IN USE  ATTACHED

8. STORAGE ASHORE

N/A

9. OTHER

N/A

PLEASE GIVE DETAILS OF ANY OTHER ACTIVITIES / SERVICES OFFERED BY THE MARINA; INSTALLATION OF AFTERMARKET PRODUCTS I.E. TUNA TOWERS, ELECTRONICS, ETC

DETAILS:

THREE PRIOR YEARS RECEIPTS: YEAR 1 \$ YEAR 2 \$ YEAR 3 \$

ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD: \$

TOTAL ESTIMATED GROSS RECEIPTS (Total of 1 thru 9): \$

**PROTECTION & INDEMNITY COVERAGE – SECTION C**

<b>LIMITS REQUESTED</b>	YACHT DEALERS:	<input type="checkbox"/> \$1,000,000
	MARINA OPERATORS:	<input type="checkbox"/> \$1,000,000
	OWNED WATERCRAFT*:	<input type="checkbox"/> \$1,000,000
	<b>HIGHER LIMITS MAY BE AVAILABLE THROUGH A BUMBERSHOOT</b>	
	MEDICAL PAYMENTS OF \$2,000 INCLUDED	
DEDUCTIBLE:\$		
*OWNED WATERCRAFT LIMITS APPLY ONLY TO THOSE VESSELS SPECIFICALLY LISTED UNDER SECTION F – OWNED WATERCRAFT COVERAGE		

1. PLEASE INDICATE THE COVERAGES TO BE APPLIED:

CARGO LIABILITY	<input type="checkbox"/> INCLUDE	<input type="checkbox"/> EXCLUDE	
CREW LIABILITY	<input type="checkbox"/> INCLUDE	<input type="checkbox"/> EXCLUDE	# OF CREW
EXCESS COLLISION LIABILITY	<input type="checkbox"/> INCLUDE	<input type="checkbox"/> EXCLUDE	
SUDDEN & ACCIDENTAL POLLUTION	<input type="checkbox"/> INCLUDE	<input type="checkbox"/> EXCLUDE	
TOWERS LIABILITY	<input type="checkbox"/> INCLUDE	<input type="checkbox"/> EXCLUDE	

2. AVERAGE EXPERIENCE OF EMPLOYEES:		NUMBER OF:	YEARS W/ APPLICANT:	TOTAL YEARS EXPERIENCE:
CAPTAIN(S):	LICENSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	#	#	#
ENGINEERS:		#	#	#
DECKHANDS:		#	#	#
OTHER:		#	#	#

**PIERS, WHARVES AND DOCKS COVERAGE – SECTION D**

<b>LIMITS REQUESTED</b>	\$	TOTAL VALUE OF DOCKS	<b>ATTACH DIAGRAM, INDICATING DISTANCE BETWEEN WHERE THERE IS MORE THAN ONE PIER, AND INCLUDE PHOTO OF SITE</b> <input type="checkbox"/> ATTACHED
	\$	BUSINESS INCOME LIMITS	
	VALUATION:	<input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> REPLACEMENT COST (90% COINSURANCE)	SUBMIT A SURVEY OR APPRAISAL FOR REPLACEMENT COST
	INCLUDE EQUIPMENT BREAKDOWN COVERAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	DEDUCTIBLE - ALL PERILS:	\$	
	DEDUCTIBLE – WIND, HAIL AND WIND DRIVEN WATER (STORM SURGE):	\$	

1. BRIEF DESCRIPTION OF PROPERTY TO BE QUOTED:

2. NUMBER OF DOCKS: #	3. YEAR(S) OF CONSTRUCTION:
4. TYPE OF CONSTRUCTION: <input type="checkbox"/> WOOD <input type="checkbox"/> CONCRETE <input type="checkbox"/> STEEL <input type="checkbox"/> FIXED <input type="checkbox"/> FLOATING <input type="checkbox"/> OTHER	
5. PERCENTAGE OF DOCKS COVERED WITH ROOF: % <input type="checkbox"/> NONE	6. ELECTRICITY ON DOCKS? <input type="checkbox"/> YES <input type="checkbox"/> NO
7. SEPARATE FUEL DOCK? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. IS ANY PROPERTY REMOVED FROM WATER DURING WINTER? <input type="checkbox"/> YES <input type="checkbox"/> NO
9. DESCRIBE MAINTENANCE PROGRAM:	
10. DESCRIBE FIRE FIGHTING CAPABILITIES AT PIER:	
11. LOCAL FIREBOAT AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. HAS ANY COMPANY REFUSED OR CANCELLED ANY SIMILAR COVERAGE APPLIED FOR OR IN FORCE DURING THE PAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

IF YES, PLEASE GIVE DETAILS:

**COMMERCIAL TOOLS & EQUIPMENT – SECTION E**

<b>LIMITS REQUESTED</b>	EQUIPMENT	
	\$	TOTAL VALUE SCHEDULED EQUIPMENT (MUST COMPLETE LIST BELOW OR ATTACH SCHEDULE)
	DEDUCTIBLE PER OCCURENCE: (SCHEDULED EQUIPMENT ONLY)	\$
	TOOLS	
	\$	ADDITIONAL AMOUNT IF DESIRED (UNSCHEDULED LIMIT OF \$5,000 INCLUDED)
	\$	MAXIMUM VALUE ANY ONE ITEM (\$500 INCLUDED)

<b>OPTIONAL COVERAGES</b>	1. IS REPLACEMENT COST DESIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO      NOT AVAILABLE ON EQUIPMENT OVER 10 YEARS OF AGE		
	2. IS COVERAGE DESIRED ON EMPLOYEES TOOLS? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL # OF EMPLOYEES
	LIMIT OF INSURANCE ON ANY ONE EMPLOYEE:	\$	
	MAXIMUM VALUE ON ANY ONE ITEM:	\$	
	TOTAL AMOUNT OF EMPLOYEES' TOOLS:	\$	
	3. IS COVERAGE DESIRED FOR RENTAL REIMBURSEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>STORAGE AND REPAIR AT LOCATION</b>	WHERE IS EQUIPMENT STORED?
	ARE TOOLS KEPT IN LOCKED COMPARTMENTS WHEN PREMISES ARE CLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>MAINTENANCE</b>	IS A REGULAR EQUIPMENT MAINTENANCE PROGRAM CURRENTLY IN EFFECT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, PLEASE DESCRIBE:

**SCHEDULE OF EQUIPMENT** (Items in excess of \$2,500)

CHECK HERE IF YOU HAVE ATTACHED SCHEDULE

TRADE NAME OF MACHINE	YEAR BUILT	MFG's SERIAL OR MODEL #S	TYPE OF FUEL	COST NEW	LIMIT OF INSURANCE
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL</b>					\$

**OWNED WATERCRAFT – SECTION F**

1. FULLY DESCRIBE OPERATIONS FOR WHICH YOU ARE REQUESTING COVERAGE FOR OWNED WATERCRAFT:

2. NAVIGATION AREA OF VESSELS:

3. ARE SURVEYS AVAILABLE ON ALL HULLS OVER 3 YEARS OLD?  YES  NO

IF YES, ATTACH COPIES OF MOST RECENT SURVEY(S)  ATTACHED

IF NO, WHEN WILL SURVEYS BE ACCOMPLISHED? (GIVE DATE)

**NOTE: NO INSURANCE MAY BE BOUND ON RENTAL/ WORKBOATS WITHOUT SURVEYS WHERE REQUIRED.**

4. TYPE OF COVERAGE REQUESTED (CHECK ONE)  ALL RISK  NAMED PERILS  TOTAL LOSS ONLY

DEDUCTIBLE: \$

**HULL AND MACHINERY**

LOCATION	TRADE NAME	*USE OF BOAT	YEAR BUILT	LENGTH	TOTAL H.P.	VALUE	FUEL	MATERIAL OF HULL
						\$		
						\$		
						\$		

**TOTAL:** \$

\* INDICATE WHETHER RENTAL, WORKBOAT, PERSONAL OR IF BOAT CAN BE USED FOR WATER SKIING OR TOWING OF PERSONS

**SPECIAL EVENTS**

ARE SPECIAL EVENT SPONSORED BY THE APPLICANT?  YES  NO  ANNUALLY  SEMI-ANNUAL  OCCASIONAL

DOES APPLICANT RENT A VENUE?  YES  NO WEBSITE:

WILL GRANDSTANDS BE USED?  YES  NO NUMBER OF YEARS RUNNING THE EVENT?

IS ALCOHOL TO BE SERVED OR SOLD?  YES  NO PRICE OF ADMISSION PER PERSON: \$

TYPE OF SECURITY AND PROTECTION:  USHERS  PRIVATE SECURITY  OFF DUTY POLICY  ON DUTY POLICE

**NOTE:** ADDITIONAL INFORMATION AND SUPPLEMENTAL APPLICATIONS MAY BE REQUIRED TO ADEQUATELY REVIEW SPECIAL EVENTS

**COVERAGE IS ALSO AVAILABLE FOR BUILDINGS, BUSINESS CONTENTS, BUSINESS AUTOMOBILE, BUSINESS INTERRUPTION, COMPREHENSIVE GENERAL LIABILITY, BOILER & MACHINERY, CRIME, DIRECTORS AND OFFICERS AND UMBRELLA, ETC.**

**PLEASE ATTACH APPROPRIATE ACCORD APPLICATIONS FOR DESIRED COVERAGE**

**LOSS HISTORY**

PLEASE ATTACH A LOSS HISTORY FOR THE LAST FIVE YEARS:  ATTACHED

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME

APPLICANTS SIGNATURE:

DATE: