



Merrimac Marine Insurance, LLC

1020 N. Orlando Ave. Suite 200

Maitland, FL 32751

PH: (407) 647.1296

FX: (407) 647.4508

Yacht Dealers &

Marine Operators Application

POLICY TO BE ISSUED IN THE NAME OF:			PRODUCER'S NAME:		
MAILING ADDRESS:			AGENCY ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
REQUESTED EFFECTIVE DATES: FROM: TO:			PRODUCER PHONE: PRODUCER FAX:		
INSURED IS: <input type="checkbox"/> INDIVIDUAL			<input type="checkbox"/> PARTNERSHIP		
			<input type="checkbox"/> CORPORATION		
TAX ID / SSN					

General Information				
BUSINESS OF APPLICANT:				
NUMBER OF YEARS IN BUSINESS:				
LIST OF ALL PHYSICAL LOCATIONS				
LOCATION #1	ADDRESS:	CITY:	STATE:	ZIP:
LOCATION #2	ADDRESS:	CITY:	STATE:	ZIP:
LOCATION #3	ADDRESS:	CITY:	STATE:	ZIP:
DOES APPLICANT HAVE ANY DIVISIONS OR AFFILIATES NOT TO BE INSURED HEREUNDER?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE NAME & DESCRIBE:				
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:				
DOES 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:				
HAS THE APPLICANT EVER DECLARED BANKRUPTCY?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE GIVE DETAILS:				
PLEASE INCLUDE INFORMATION ON ANY SPECIAL CONSIDERATIONS OR CONCERNS YOU WOULD LIKE TO ADDRESS:				

COVERAGES REQUESTED	
<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
PLEASE ATTACH	<ul style="list-style-type: none"> ▪ APPLICANT'S MOST CURRENT ANNUAL REPORT, FORM 10K OR OTHER FINANCIAL INFORMATION ▪ SALES BROCHURE DESCRIBING THE APPLICANT'S PRODUCTS ▪ COPIES OF STORAGE AND RENTAL AGREEMENTS, IF APPLICABLE ▪ LOSS HISTORY FOR THE LAST FIVE YEARS ▪ ACCORD APPLICATIONS

YACHT DEALERS INSURANCE – SECTION A

LIMIT REQUESTED	\$ _____	ON ANY ONE VESSEL	
	\$ _____	WHILE ON PREMISES AT:	_____
	\$ _____	WHILE IN 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
AVERAGE TOTAL INVENTORY (VESSELS & GOODS EACH NAMED LOCATION)	\$ _____	\$ _____	\$ _____
MAXIMUM INVENTORY (VESSELS & GOODS EACH NAMED LOCATION)	\$ _____	\$ _____	\$ _____
AVERAGE NUMBER OF VESSELS IN INVENTORY (EACH NAMED LOCATION)	# _____	# _____	# _____
MAXIMUM NUMBER OF VESSELS IN INVENTORY (EACH NAMED LOCATION)	# _____	# _____	# _____
	INSIDE	OUTSIDE	WATERBORNE
AVERAGE VALUE OF ANY ONE VESSEL:	\$ _____	\$ _____	\$ _____
MAXIMUM VALUE ANY ONE VESSEL:	\$ _____	\$ _____	\$ _____
ESTIMATED NUMBER OF VESSELS IN TRANSIT ANNUALLY	# _____		
ESTIMATED NUMBER OF BOAT SHOWS/EXHIBITIONS ANNUALLY	# _____		
ESTIMATED NUMBER OF DEMONSTRATIONS ANNUALLY	# _____		
ARE APPLICANT'S PERSONNEL IN CHARGE OF DEMONSTRATIONS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF NO, HOW ARE THEY PERFORMED? _____
LIST ALL MAIN MANUFACTURERS AND MAJOR HULL MODELS SOLD:			
LIST PERCENT OF INVENTORY REPRESENTED BY FOREIGN MADE PRODUCTS	_____ %		
LIST PERCENT OF INVENTORY THAT IS HIGH PERFORMANCE (CAPABLE OF SPEEDS GREATER THAN 60 MPH)	_____ %		
ARE ANY OTHER PRODUCTS THAN BOATS OR BOAT ACCESSORIES SOLD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PERCENTAGE OF SALES _____ %
DESCRIBE BOAT PRODUCTS:			
REQUEST FORM:	<input type="checkbox"/> REPORTING FORM	<input type="checkbox"/> NON-REPORTING FORM	
ARE ANY BOATS TAKEN OUT OF INVENTORY FOR THE FOLLOWING:			
RENTALS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, ESTIMATE 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	
AVERAGE NUMBER OF DELIVERIES ANNUALLY:	# _____		
MAXIMUM DISTANCE TRAVELED FOR LAND DELIVERIES:	MILES: _____		
MAXIMUM DISTANCE NAVIGATED WATER DELIVERIES:	NAUTICAL MILES: _____		

MARINE OPERATORS LEGAL LIABILITY – SECTION B

LIMIT OF LIABILITY	<input type="checkbox"/> \$1,000,000		
	DEDUCTIBLE: \$ _____		
1. DOCKING <input type="checkbox"/> N/A	NUMBER OF SLIPS AVAILABLE:	NUMBER OF DOCKS AVAILABLE:	
	# _____	# _____	
	MAXIMUM VALUE OF ANY ONE VESSEL DOCKED:		
	\$ _____		
2. FUELING <input type="checkbox"/> N/A	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD:		
	\$ _____		
	TYPE OF FUEL	<input type="checkbox"/> GAS	<input type="checkbox"/> DIESEL
	<input type="checkbox"/> LPG		
3. HAULING AND LAUNCHING* <input type="checkbox"/> N/A	FIRE PROTECTION: (DESCRIBE SAFEGUARDS)		
	WHO SUPERVISES FUELING:		
	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD:		
	\$ _____		
4. MOORING AND ANCHORING <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
	\$ _____	\$ _____	\$ _____
5. RENTAL BOATS* <input type="checkbox"/> N/A	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD:		
	\$ _____		
	MAXIMUM NUMBER OF VESSELS MOORED:	MAXIMUM VALUE OF ANY ONE VESSEL:	
	# _____	\$ _____	
	THREE PRIOR YEARS RECEIPTS:	YEAR 1	YEAR 2
\$ _____	\$ _____	\$ _____	
6. SHIP REPAIRERS <input type="checkbox"/> N/A	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD:		
	\$ _____		
	*ATTACH A COMPLETE DESCRIPTION OF VESSELS		
	ATTACHED: <input type="checkbox"/>		
	NUMBER OF VESSELS:	PLEASE PROVIDE A COPY OF RENTAL AGREEMENT	
	# _____		
	THREE PRIOR YEARS RECEIPTS:	YEAR 1	YEAR 2
	\$ _____	\$ _____	\$ _____
	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD:		
	\$ _____		
7. SHIPS STORE SALES <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 (eg ENGINE, HULL, ECT)		
	PAINTING	WELDING	REFINISHING
	_____ %	_____ %	_____ %
	ELECTRICAL	GENERAL REPAIR	
	_____ %	_____ %	
	FIBERGLASSING	ENGINE REPAIR	WOODWORKING
	_____ %	_____ %	_____ %
SPRAY PAINTING	OTHER		
_____ %	_____ %		
THREE YEARS PRIOR RECEIPTS	YEAR 1	YEAR 2	
\$ _____	\$ _____	\$ _____	
ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD:			
\$ _____			
8. STORAGE ASHORE <input type="checkbox"/> N/A	WHAT PERCENTAGE OF SALE ARE CONSUMABLES? (FOOD, DRINK, ECT)		
	% _____		
	THREE YEARS PRIOR RECEIPTS	YEAR 1	YEAR 1
	\$ _____	\$ _____	\$ _____
ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD:			
\$ _____			
8. STORAGE ASHORE <input type="checkbox"/> N/A	AVERAGE	MAXIMUM	NUMBER
	OUTSIDE IN OPEN RACKS	\$ _____	\$ _____
	NON-RACKED	\$ _____	\$ _____
	INSIDE ON RACKS	\$ _____	\$ _____

	NON-RACKED	\$ _____	\$ _____	\$ _____
	INDIVIDUAL VALUE VESSELS STORED:	AVERAGE:	MAXIMUM:	
		\$ _____	\$ _____	
	THREE PRIOR YEARS RECEIPTS	YEAR 1	YEAR 1	YEAR 3
		\$ _____	\$ _____	\$ _____
	ESTIMATED GROSS RECEIPTS FOR PROPOSED POLICY PERIOD:			
	\$ _____			
	HOW MANY LEVELS ARE STORAGE RACKS?	N/A <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
			4 <input type="checkbox"/>	OTHER <input type="checkbox"/>
	ARE VESSELS EVER LEFT ON TRAILERS?	<input type="checkbox"/>	YES	<input type="checkbox"/>
				NO
	IF YES PLEASE DESCRIBE SAFEGAURDS AGAINST THEFT:			
	WHAT IS THE CONSTRUCTION OF BUILDINGS?	BRICK <input type="checkbox"/>	CONCRETE <input type="checkbox"/>	STEEL <input type="checkbox"/>
			FRAME <input type="checkbox"/>	OTHER <input type="checkbox"/>
	IF OTHER, PLEASE EXPLAIN:			
	WHAT IS THE AGE OF BUILDING?	IS BUILDING SPRINKLERED?	<input type="checkbox"/>	YES <input type="checkbox"/>
				NO
	WHAT PROTECTION SYSTEMS ARE CURRENTLY USED?			
	<input type="checkbox"/> BURGLAR ALARM	<input type="checkbox"/> NIGHT WATCHMAN	<input type="checkbox"/> FLOOD LIGHTS	
	TYPE: _____		OTHER: _____	
	<input type="checkbox"/> FIRE ALARM	<input type="checkbox"/> FENCING	<input type="checkbox"/> _____	
	TYPE: _____			
	<input type="checkbox"/> CENTRAL STATION	EXPIRATION DATE: _____		
	CERTIFICATE # _____			
	WINTER STORAGE INFORMATION:			
	BATTERIES REMOVED?	<input type="checkbox"/>	YES	<input type="checkbox"/>
				NO
	IF YES, DONE BY:	<input type="checkbox"/> INSURED	VESSEL OWNER(S)	
			<input type="checkbox"/> BOTH	
	FUEL TOPPED OFF OR EMPTIED ?	<input type="checkbox"/>	YES	<input type="checkbox"/>
				NO
	IF YES, DONE BY:	<input type="checkbox"/> INSURED	VESSEL OWNER(S)	
			<input type="checkbox"/> BOTH	
	IF STORAGE BUILDING HAS A FLAT ROOF, IS SNOW REMOVAL COMMON PRACTICE (where applicable)	<input type="checkbox"/>	YES	<input type="checkbox"/>
				NO
	IF YES, DESCRIBE PROCEDURE:			
	ARE VESSEL OWNERS EQUIRED TO MAINTAIN LIABILITY INSURANCE?	<input type="checkbox"/>	YES	<input type="checkbox"/>
				NO
	IF YES, MINIMUM LIMIT REQUIRED:	\$ _____		
	ARE CERTIFICATES OF INSURANCE OBTAINED FROM ALL VESSEL OWNERS AND KEPT ON FILE?	<input type="checkbox"/>	YES	<input type="checkbox"/>
				NO
	IS A SIGNED CONTRACT WITH HOLD HARMLESS WORDING USED BY THE APPLICANT FOR STORAGE?	<input type="checkbox"/>	YES	<input type="checkbox"/>
				NO
	ATTACH A COPY OF STORAGE CONTRACT CURRENTLY IN USE	<input type="checkbox"/> ATTACHED		
9. OTHER	PLEASE GIVE DETAILS OF ANY OTHER ACTIVITIES / SERVICES OFFERED BY THE MARINA; INSTALLATION OF AFTERMARKET PRODUCTS i.e. TUNA TOWER, ELECTRONICS, ECT			
<input type="checkbox"/>	N/A			
	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 & INDENMITY COVERAGE - SECTION C

LIMITS REQUESTED	YACHT DEALERS:	<input type="checkbox"/>	\$1,000,000
	MARINA OPERATORS:	<input type="checkbox"/>	\$1,000,000
	OWNED WATERCRAFT:*	<input type="checkbox"/>	\$1,000,000
	HIGHER LIMITS MAY BE AVAILABLE THROUGH A BUMBERSHOOT		

	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"/> INCLUDED	<input type="checkbox"/> EXCLUDED
CREW LIABILITY	<input type="checkbox"/> INCLUDED	<input type="checkbox"/> EXCLUDED # OF CREW: _____
EXCESS COLLISION LIABILITY	<input type="checkbox"/> INCLUDED	<input type="checkbox"/> EXCLUDED
SUDDEN & ACCIDENTAL POLLUTION	<input type="checkbox"/> INCLUDED	<input type="checkbox"/> EXCLUDED
TOWERS LIABILITY	<input type="checkbox"/> INCLUDED	<input type="checkbox"/> EXCLUDED

2. AVERAGE EXPERIENCE OF EMPLOYEES:

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

PIERS, WHARVES AND DOCKS COVERAGE - SECTION D

LIMITS REQUESTED	TOTAL VALUE OF DOCKS : \$ _____	BUSINESS INCOME LIMITS: \$ _____
	ATTACH DIAGRAM, INDICATING DISTANCE BETWEEN WHERE THERE IS MORE THAN ONE PIER, AND INCLUDE PHOTO OF SITE <input type="checkbox"/> ATTACHED	
	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 (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 FIRE BOAT AVAILABLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
12. HAS ANY COMPANY REFUSED OF CANCELLED ANY SIMILAR COVERAGE APPLIED FOR OR INFORCED DURING THE PAST 3 YEARS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE GIVE DETAILS:			

COMMERCIAL TOOLS & EQUIPMENT - SECTION E

LIMITS REQUESTED	EQUIPMENT	
	TOTAL VALUE SCHEDULED EQUIPMENT (MUST COMPLETE LIST BELOW)	\$ _____
	TOOLS	
OPTIONAL COVERAGES	ADDITIONAL AMOUNT OF DESIRED (UNSCHEDULED LIMIT OF \$5,000 INCLUDED)	\$ _____
	MAXIMUM VALUE ANY ONE ITEM (\$500 INCLUDED)	\$ _____
	1. IS REPLACEMENT COST DESIRED? (Not available on equipment over 10 years of age)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2. IS COVERAGE DESIRED ON EMPLOYEES TOOLS	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LIMIT OF INSURANCE ONE EMPLOYEE:	\$ _____

***INDICATE WHETHER RENTAL, WORKBOAT, PERSONAL, OR OF 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 AVENUE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WEBSITE:
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WILL GRANDSTANDS BE USED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NUMBER OF YEARS RUNNING THE EVENT? # _____
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IS ALCOHOL TO BE SERVED OR SOLD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PRICE OF ADMISSION PER PERSON: \$ _____
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TYPE OF SECURITY AND PROTECTION:	<input type="checkbox"/> USHERS	<input type="checkbox"/> PRIVATE SECURITY	<input type="checkbox"/> OFF DUTY POLICE	<input type="checkbox"/> ON DUTY POLICE
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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, ECT.

PLEASE ATTACH APPROPRIATE ACCORD APPLICATIONS FOR DESIRED COVERAGE

LOSS HISTORY

PLEASE ATTACH LOSS HISTORY FOR THE LAST FIVE YEARS: ATTACHED

DATE	SIGNATURE*	TITLE

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