

**APPLICATION FOR: BOAT DEALERS, MARINAS, YACHT CLUBS, BOATYARDS, BOAT REPAIRERS**  
**ATTACH TO ACORD APPLICATIONS FOR ALL OTHER LINES OF COVERAGE REQUESTED**

<b>APPLICANT INFORMATION</b>							
<b>EFFECTIVE DATE:</b>				<b>QUOTE NEED BY DATE:</b>			
Legal Name				FEIN Number			
DBA							
Other Named Insureds							
<b>MAILING ADDRESS INFORMATION</b>							
Address							
City		State		Zip		-	
<b>PRIMARY LOCATION ADDRESS INFORMATION</b>							
Address							
City		State		Zip		-	
<b>PRIMARY CONTACT INFORMATION</b>							
Name		Title					
Phone ( ) -		Fax ( ) -		Cell ( ) -			
Website		E-Mail					
Is the manager of facility either Certified Marina Manager or Associate Marina Manager certified by International Marina Institute?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please complete		Manager Name			CCM Number		
Applicant is		<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> Other	
<b>COVERAGE REQUESTED – Complete Application for each coverage section requested</b>							
<input type="checkbox"/>	Marine Dealers Inventory Coverage			<input type="checkbox"/>	Owned Watercraft Physical Damage		
<input type="checkbox"/>	Marina Brokers Legal Liability			<input type="checkbox"/>	Rental Boats		
<input type="checkbox"/>	Marine Operators Legal Liability			<input type="checkbox"/>	Yacht Club Extension Coverage		
<input type="checkbox"/>	Protection & Indemnity Liability			<input type="checkbox"/>	Limited Sudden & Accidental Pollution		
<input type="checkbox"/>	Crew				<input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000		
<input type="checkbox"/>	Piers Wharves & Docks Coverage			<input type="checkbox"/>	Loss Payee / Additional Insureds		
<input type="checkbox"/>	Piers Wharves & Dock Business Income						

**APPLICANT NAME:**

<b>GENERAL INFORMATION</b>			
Has coverage been declined, cancelled or non-renewed in the past 3 years (not applicable in MO)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details			
Is the applicant affiliated with any other business (e.g., a marina affiliated with a resort)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name & describe affiliation			
Are you a current member of Marine Retailers Association of America?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Certified Dealer, Master Dealer or Top 100 Dealer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe			
Are you a current member of Association of Marina Industries?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list any other Trade Associations you are a member of			
Is facility a Clean Marina?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please complete Date & Year of certification			

<b>OPERATION LOCATION &amp; TYPE</b> – Please list ALL locations (complete address) where Applicant operates. Check all that apply (BD-Dealer, MO-Marina, YC-Yacht Club, BY-Boat Yard, BR-Boat Repairers, Other-describe) * If more than 3 locations please attaché a separate sheet					
Address		<input type="checkbox"/> BD	<input type="checkbox"/> MO	<input type="checkbox"/> YC	<input type="checkbox"/> BY
City	State	Zip	<input type="checkbox"/> BR	<input type="checkbox"/> Other	
Address		<input type="checkbox"/> BD	<input type="checkbox"/> MO	<input type="checkbox"/> YC	<input type="checkbox"/> BY
City	State	Zip	<input type="checkbox"/> BR	<input type="checkbox"/> Other	
Address		<input type="checkbox"/> BD	<input type="checkbox"/> MO	<input type="checkbox"/> YC	<input type="checkbox"/> BY
City	State	Zip	<input type="checkbox"/> BR	<input type="checkbox"/> Other	

<b>PROJECTED GROSS RECEIPTS &amp; BOAT SALES</b> – all locations combined			
Dock Slip Rental Sales	\$	New Boat Sales	\$
Mooring Buoy Rental Sales	\$	Used Boat Sales	\$
Dry Storage – Non Racked Sales	\$	Brokerage Gross Sales	\$
Dry Storage – Racked Sales	\$	Brokerage Commissions	\$
Fueling Sales	\$	Parts & Accessory Sales	\$
Hauling/Launching Sales	\$	Campground Sales	\$
Repair Sales	\$	Store Sales	\$
Total Sales	\$	Package Liquor Sales	\$
		Restaurant Sales	\$
		Restaurant Liquor Sales	\$
		Rental Boat Sales	\$

**APPLICANT NAME:**

<b>MARINE DEALERS INSURANCE</b>						
		Location 1	Location 2	Location 3		
Maximum Total Inventory value (vessels & goods)		\$	\$	\$		
Maximum value any one vessel		\$	\$	\$		
*Average Inventory value for 12 month period		\$	\$	\$		
Average # vessels in inventory						
1.	List main manufacturers and hull models sold					
2.	Any personal use of boats by owners/employees			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If Yes, how often & to whom					
3.	Does applicant loan out boats or equipment			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If Yes, please explain					
4.	Estimated number of demonstrations done per year					
	a.	Are applicant's employees in charge at all times during demos		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Transit					
	b.	Average transport distance		Maximum distance		
	c.	Normal means of transportation vessels delivered				
6.	Are any High Performance boats sold			<input type="checkbox"/> Yes	<input type="checkbox"/> No	% Sold
7.	Are any Personal Watercraft sold			<input type="checkbox"/> Yes	<input type="checkbox"/> No	% Sold
9.	Does applicant sell any ATV's, snowmobiles, or other land vehicles/equipment				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, please provide details				% Sold	
10.	Percent of inventory represented by foreign-made products			%		
11.	Maximum Inventory Value					
	a.	Maximum Inventory Value all locations		\$		
	b.	Maximum Value on any one vessel		\$		
	c.	Maximum Value any one Covered Premises		\$		
	d.	Maximum Value property of others on consignment		\$		
	e.	Maximum Value while in transit		\$		
	f.	Maximum Value while on exhibit		\$	number exhibits a year	
	g.	Maximum Value at un-named locations		\$		
12.	Deductible Requested	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	Other
13.	Include Marine Dealers Policy Extension Endorsement			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14.	Does inventory ever navigate over 500 miles from home port, if yes how often? Does inventory ever navigate to Mexico or Bahamas?			Number of Trips		
15.	Describe any special events/fishing tournaments/customer rendezvous held on an annual basis in detail					
<b>BELOW QUESTIONS FOR MARINE BROKERS ONLY</b>						
1.	Marine Brokers Legal Liability Coverage		Limit requested	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	
	Deductible Requested		<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
2.	Please describe how customers boats held for sale are protected against loss					

**APPLICANT NAME:**

<b>MARINA OPERATORS LEGAL LIABILITY</b>					
<b>LIMIT REQUEST</b>		<input type="checkbox"/> <b>\$1,000,000</b>		<input type="checkbox"/> <b>\$2,000,000</b>	
<b>DEDUCTIBLE REQUEST</b>		<input type="checkbox"/> <b>\$1,000</b>	<input type="checkbox"/> <b>\$2,500</b>	<input type="checkbox"/> <b>\$5,000</b>	<input type="checkbox"/> <b>\$10,000</b>
<b>DOCKING</b>					
Number of slips available		Number of Docks available			
1. Maximum value of any one vessel docked					\$
2. Are any slips under a common roof				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, how many					
3. Estimated gross annual receipts for proposed policy period					\$
4. Does applicant require customers to sign a slip rental agreement				<input type="checkbox"/> Yes	<input type="checkbox"/> No
* * If Yes, lease provide a copy of the Rental Agreement with the application					
5. Watchman or Security Service Provided				<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the Marina fenced				<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is the Location well lighted				<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Any boats stored afloat from October 31 to April 1				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, is bubbler system or similar device used				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, describe back-up system if main bubbler fails					
<b>MOORING &amp; ANCHORING</b>					
Max # vessels moored		Max value any one vessel		\$	
1. Estimated gross receipts for mooring & anchoring					\$
2. Does applicant require customers to sign a Mooring/Buoy Rental Agreement				<input type="checkbox"/> Yes	<input type="checkbox"/> No
* * If Yes, please provide a copy of the agreement					
<b>FUELING</b>					
1. Types of fuel offered					
2. Describe safeguards					
3. Do customers or employees of Marina fuel boats					
4. Estimated gallons of fuel sold annually					\$
5. Estimated gross receipts from fueling					\$
<b>HAULING &amp; LAUNCHING</b>					
1. Is there Hauling/Launching not done in conjunction with repairs or storage				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Complete the information below					
Approx # vessels launched per year		Approx # vessels hauled per year			
Maximum distance hauled		Average distance hauled			
Max value any one vessel	\$	Estimated gross receipts from hauling/launching		\$	
Does the applicant require customers to sign a Hauling Agreement				<input type="checkbox"/> Yes	<input type="checkbox"/> No
* * If Yes, please provide a copy of the agreement					
<b>BOAT STORAGE ASHORE</b>					
Values and methods of storage		Average Total Values	Maximum Total Values	Total #	
Outside in open racks		\$	\$		
Outside non-racked		\$	\$		
Inside on racks		\$	\$		
Inside non-racked		\$	\$		
Estimated gross receipts for dry storage				\$	
1. If rack storage, how many levels high are racks		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA
2. Is building sprinklered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	In rack sprinkler system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please describe sprinkler system					

3.	Are any electric heating/cooling units in building	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, please describe		
4.	Are vessels ever left on trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, describe all safeguards against theft		
5.	Winter Storage Questions		
	Batteries removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fuel topped or emptied		
6.	Protection Systems currently used, check all the below that apply		
<input type="checkbox"/>	Central Station	<input type="checkbox"/>	Fire Alarm & type
<input type="checkbox"/>	Night Watchman	<input type="checkbox"/>	Flood Lights
<input type="checkbox"/>	Burglar Alarm & type	<input type="checkbox"/>	Fencing
<input type="checkbox"/>	Other, explain		
7.	Does applicant require customers to sign a Storage Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	* * If Yes, please provide a copy of the agreement		
<b>SHIP REPAIRS (Repairs, Restoration, Alteration, Maintenance)</b>			
Percentage of income from	Commercial craft	%	Pleasure/personal
Percentage of work done away from Insured Premises at the Locations of Others			%
Type of work performed away from premises			
Values of vessels handled	Average	\$	Maximum
			\$
Types of work done			
Spray Painting	%	Non-spray Painting	%
Fiberglass	%	Welding	%
Woodworking	%	Engine Work	%
Electrical	%	General Repair	%
Canvas	%	Rigging	%
Are boat owners permitted to work on their own vessels		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant require customers to sign a Repair Agreement		<input type="checkbox"/> Yes	<input type="checkbox"/> No
* * If Yes, please provide a copy of the agreement			
Estimated receipts, including parts & labor for proposed policy year		\$	
<b>PROTECTION &amp; INDEMNITY</b>			
<b>LIMIT REQUEST</b>		<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
Applies to	<input type="checkbox"/> Watercraft Dealers	<input type="checkbox"/> Marina Operators	<input type="checkbox"/> Owned Watercraft
Crew - If Included, # of Crew		<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Sailing Instruction - Max# Instructors	Students	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Regatta Liability - Subject to Company Approval		<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Water Ski Liability - Subject to Company Approval		<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Towers Liability: Do you do commercial towing assistance for hire		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details (boat used, how often)			
1.	Do you employ captains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Captains Licensed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Years with Applicant
2.	Total number of Work Boats		
3.	Total number of Rental Boats		
	a.	number of Fishing/pontoon boats	
	b.	number of Runabouts	
	c.	number of Personal watercraft	
	d.	number of Houseboats	
	e.	Other rental vessels	Type Number
	f.	Other rental vessels	Type Number
	g.	Other rental vessels	Type Number
	h.	Other rental vessels	Type Number
	i.	Other rental vessels	Type Number
	j.	Other rental vessels	Type Number

**APPLICANT NAME:**

<p><b>PIERS, WHARVES &amp; DOCKS COVERAGE</b> – Use separate sheet if necessary                  *Attach a diagram of Facility showing all docks to be insured and marina layout</p>		
1.	Brief description of property to be insured – include name of manufacturer and year built	
2.	Describe Construction of Framing System & materials used – aluminum, metal truss, wood, etc	
3.	Describe Construction of Decking System & materials used – Treated Wood, IPE or equal wood, hybrid deck panels, composite, concrete inserts, aluminum, etc	
4.	Describe Floatation System and materials being used – raw foam, encapsulated polyethylene, concrete, and detail the load factor floats rated for, include manufacturer name and year installed	
5.	Describe the anchoring system in detail and how the dock system is anchored and maintained	
6.	Describe physical protection from wind and waves, i.e., breakwaters, natural barriers, location of facility and construction features to prevent damage to docks	
	Designed wind speed resistance	MPH of all docks to be insured
7.	Describe Dock Maintenance Program in Detail	
8.	Describe Dock Ice/Snow Removal Plan	
	Weight of Ice & Snow Coverage Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a.	Designed snow load capacity (live load per sq ft)
	b.	Ice/snow removal system in place <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT NAME:**

<b>PIERS, WHARVES &amp; DOCKS COVERAGE CONTINUED</b> – Use separate sheet if necessary			
*Attach a diagram of Facility showing all docks to be insured and marina layout			
9.	Describe Any Structures or Buildings Located on Docks		
10.	Describe Electrical Systems installed on the dock, please include date installed, and describe where transformers and power sources are located for all electrical service for docks		
11.	Describe Fuel Systems on dock, where located, safeguards installed for fueling, how many slips available for fueling, location of underground/above ground fuel tanks, describe auto shut offs, any other detailed information, include distance from tanks to fuel pumps		
12.	Describe firefighting capabilities at pier & provide any written materials available for staff to reference		
Local fireboat available		<input type="checkbox"/> Yes	<input type="checkbox"/> No
hydrants present within 500ft		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distance to nearest fire department			
<b>TOTAL DOCK LIMIT REQUESTED</b>		<b>\$</b>	
13.	Deductible	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other	
14.	Estimated Replacement Cost at Time of Application	\$	
How was the dock valuation determined			
Date of Last Replacement Cost Valuation determination by Manufacturer and/or Contractor			
15.	Total Number of Docks		Total Number of Slips
16.	Total Number Un-covered		Total Number Covered
17.	Are covered docks sprinklered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>TOTAL FLOATING PROPERTY INCLUDING CONTENTS LIMIT REQUESTED</b>		<b>\$</b>	
18.	Deductible	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other	
<b>Dock Business Income Limit Requested</b>		<b>\$</b>	
Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> 72 hour <input type="checkbox"/> Other			
List all sources of Revenue on Docks to be included			
Dockage	\$	Fueling	\$
Boat Rental	\$	Store	\$
Restaurant	\$	Other	\$

DOCK SCHEDULE FOR:													
Dock Label	Type of Construction	Manufacturer	Year Built	Dock Covered (Yes/No) If yes, give roof type	Snow Braced (Yes/No)	Number of Slips	Fixed or Floating	Age of Flotation	Encapsulated/ Unencapsulated	Float Manufacturer	Length of Dock	Replacement Cost Value	
												\$	
												\$	
												\$	
												\$	
												\$	
												\$	
												\$	
												\$	
												\$	
												\$	
												\$	
												\$	
												\$	
											<b>Total:</b>	\$	
Completed By:													
Date:													



FLOATING PROPERTY SCHEDULE FOR:

Building Description	Use	Dock Location	Type of Construction	Roof Construction	Year Built	Sq Foot	Sprinklered	Building Limit	BPP Limit

Completed By:

Date:

**OWNED WATERCRAFT – HULL & MACHINERY**

Workboat and/or Rental Boat Coverage – list all boats in use in operation (attach separate sheet if necessary)

\* For type, indicate WB (workboat), SB (ski boat), RB (runabout), FB (fishing boat), PB (pontoon boat), PWC (personal watercraft), HB (houseboat), Kayak, Canoe, or Other

Rental (R) or Workboat (W)	*Type	Manufacturer	Year Built	Length	Hull #	Value	Type of Engine	HP	Value	Physical Damage Requested (yes/no)
If Physical Damage is requested, indicate deductible desired				<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000			
Navigation area of above vessel(s)										
If Houseboats are scheduled, do any contain rear exhaust for engines or generators										
Are all vessels equipped with c/o detectors										

**APPLICANT NAME:**

<b>BOAT RENTAL OPERATION SUPPLEMENTAL</b> <i>(if applicable)</i>			
1.	How long has the insured been operating in the Boat Rental business		
2.	Rental Operations	<input type="checkbox"/> Year Round	<input type="checkbox"/> Seasonal
Operating Hours		From	To
3.	Types of boats rented		
<input type="checkbox"/>	Inboard / Outboard	<input type="checkbox"/>	Fishing Boats
<input type="checkbox"/>	Sail Boats	<input type="checkbox"/>	Pontoon Boats
<input type="checkbox"/>	Parasailing	<input type="checkbox"/>	Houseboats
<input type="checkbox"/>	Bareboat Charters	<input type="checkbox"/>	Kayaks
<input type="checkbox"/>	Other	<input type="checkbox"/>	Windsurf
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
4.	Where is the Boat Rental business operated from		
<input type="checkbox"/>	Beach	<input type="checkbox"/>	Marina
<input type="checkbox"/>	Offshore Platform	<input type="checkbox"/>	Other
5.	What body of water is the Boat Rental business operated on		
<input type="checkbox"/>	Private Lake	<input type="checkbox"/>	Public Lake
<input type="checkbox"/>	Protected Bay or Sound	<input type="checkbox"/>	Intercoastal Waterway
<input type="checkbox"/>	Other		
6.	Describe the Insured's safety program and rental procedures		
7.	How many employees are associated with the Boat Rental operations		
8.	Describe the hiring practices, training procedures, and any ongoing safety training for employees		
9.	Are renters required to sign boat rental agreements with a hold harmless clause in place benefiting the Insured before renting a boat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide a copy of the agreement			
10.	Any instructions given to renters prior to renting a vessel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, describe			
11.	Is all the required safety equipment provided as per federal, state, and US Coast Guard requirements and regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Are there any age restrictions for renters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain			
13.	Are any 'rules of conduct' or 'rules and regulations' prominently displayed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please describe			

**APPLICANT NAME:**

<b>YACHT / BOAT / SAILING CLUB / ASSOCIATION SUPPLEMENTAL</b> <i>(if applicable)</i>									
1.	Number of members		How long has club been in operation						
2.	Club Operations	<input type="checkbox"/> Year Round		<input type="checkbox"/> Seasonal	From		To		
3.	Is coverage needed for any trophies and/or fine arts							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, what is the total value \$				Deductible requested				
	List any items > \$2,500 in value								
4.	Club amenities								
	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Bathing Beach	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Snack Bar					
	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Lounge	<input type="checkbox"/> Other					
5.	Annual Income Breakdown								
	Total Annual Dues \$				Annual Dues per Member \$				
	Dockage Receipts \$				Mooring Charges \$				
	Repair Receipts \$				Slip Rental Receipts \$				
	Fuel Sales \$				Boat Instructions Fees \$				
					Other Fees \$		Please describe		
6.	Max value on any one docked vessel \$				Average value of vessels \$				
7.	Number of slips				Moorings				
8.	Is a full-time dock master employed				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
9.	Number of employees			Employee positions					
10.	Does the club own and/or lease boats			<input type="checkbox"/> Yes	<input type="checkbox"/> No	#Powerboats		#Sailboats	
11.	Describe any club sponsored events (include type, size, and number of events)								
12.	Does the club operate a sailing school							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, for how many years								
	Annual Revenue \$			Number of Students			Number of Instructors		
	Are Students required to wear life jackets while vessels are being operated								
	Is a motorized vessel in the water at all times when Students are on sailboats								
	Age range of Students			Are consent forms signed for minors			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Description of Program								
	Qualifications for Instructors								
	Certifications held								
	Are references checked for new Instructors							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are Instructors certified in CPR		<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Aid		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**APPLICANT NAME:****MARINE POLICY LOSS PAYEES / ADDITIONAL INSURED** – List all Loss Payees, Mortgagees, Floor Plan Lenders, & Additional Insureds

Name			Interest	
Address				Coverage Section Applicable
City	State	Zip	Location Applicable	
Name				Interest
Address				Coverage Section Applicable
City	State	Zip	Location Applicable	
Name				Interest
Address				Coverage Section Applicable
City	State	Zip	Location Applicable	
Name				Interest
Address				Coverage Section Applicable
City	State	Zip	Location Applicable	
Name				Interest
Address				Coverage Section Applicable
City	State	Zip	Location Applicable	
Name				Interest
Address				Coverage Section Applicable
City	State	Zip	Location Applicable	

**APPLICANT NAME:**

**LOSS HISTORY**

List and Detail all Losses for the last five years that have occurred for operations to be insured.  
 Attach a hard copy loss history when applicable.

For new ventures, please indicate and provide any relevant experience.

Date of Loss	Open / Closed	Total Incurred Loss	Deductible	Details
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**APPLICANT NAME:**

This form is attached to and made part of the **APPLICATION FOR: BOAT DEALERS, MARINAS, YACHT CLUBS, BOATYARDS, BOAT REPAIRERS**

**PLEASE COMPLETE SIGNATURE BLOCK ON LAST PAGE**

**FRAUD STATEMENT TO ARKANSAS 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 STATEMENT 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS**

**WARNING:** 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.

**FRAUD STATEMENT 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.

**FRAUD STATEMENT TO HAWAII APPLICANTS**

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

**FRAUD STATEMENT TO IDAHO APPLICANTS**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**FRAUD STATEMENT TO KENTUCKY APPLICANTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**FRAUD STATEMENT 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.

**FRAUD STATEMENT 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.

**FRAUD STATEMENT 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.

**FRAUD STATEMENT TO MINNESOTA APPLICANTS**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **FRAUD STATEMENT TO NEW JERSEY APPLICANTS**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **FRAUD STATEMENT TO NEW MEXICO 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 civil fines and criminal penalties.

### **FRAUD STATEMENT TO NEW YORK APPLICANTS**

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 STATEMENT TO OHIO APPLICANTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **FRAUD STATEMENT TO OKLAHOMA APPLICANTS**

**WARNING:** 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.

### **FRAUD STATEMENT TO OREGON APPLICANTS**

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

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A.** The misinformation is material to the content of the policy;
- B.** We relied upon the misinformation; and
- C.** The information was either:
  - 1.** Material to the risk assumed by us; or
  - 2.** Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

### **FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS**

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.

### **FRAUD STATEMENT TO PUERTO RICO APPLICANTS**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.



**FRAUD STATEMENT TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

**FRAUD STATEMENT TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

**FRAUD STATEMENT TO WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.

<b>ADDITIONAL COMMENTS</b> Additional comments and information relevant to this submission

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.			
Applicant Signature <i>Producer MAY NOT sign for Applicant</i>		Date	
Applicant Printed Name & Title			
Agent Signature		Date	
Agent Printed Name			
Agent Email		Agent Cell Phone (    )	-
Agency Website			
Agent Phone (    )	-	Agent Fax (    )	-
Agency Name			
Agency Address			
City	State	Zip	-
Agency Tax Payer ID Number:		Agency License Number:	