

**APPLICATION FOR:  
YACHT DEALERS, MARINA OPERATORS and YACHT CLUBS**

| APPLICANT INFORMATION | PRODUCER INFORMATION |
|-----------------------|----------------------|
|-----------------------|----------------------|

|  |                                     |
|--|-------------------------------------|
| Name: _____  | Name: _____                         |
| Address: _____   | Address: _____                      |
| City: _____ State: _____ Zip: _____  | City: _____ State: _____ Zip: _____ |
| Website: _____   | Producer Code #: _____              |
| Desired Effective Date: From _____ to _____  |                                     |
| Quote Needed by: _____   |                                     |
| Tax ID/SSN: _____  |                                     |
| Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe): _____ |                                     |

| COVERAGES REQUESTED* |
|----------------------|
|----------------------|

- |   |   |
|---|---|
| <input type="checkbox"/> Section A – Yacht Dealers Coverage<br><input type="checkbox"/> Section B – Marina Operators Legal Liability Coverage<br><input type="checkbox"/> Section C – Protection & Indemnity Coverage<br><input type="checkbox"/> Section D – Piers, Wharves and Docks Coverage | <input type="checkbox"/> Section E – Commercial Tools & Equipment Coverage<br><input type="checkbox"/> Section F – Owned Watercraft Coverage<br><input type="checkbox"/> Section G – Yacht Club Supplemental Questionnaire<br><input type="checkbox"/> Other Marine Coverages – Attach Appropriate Applications |
|---|---|

*\* Be advised that only the above listed coverages can be quoted using this application. For all other coverages, please use ACORD's or other supporting forms and/or applications.*

| GENERAL INFORMATION |
|---------------------|
|---------------------|

1. Business of applicant: \_\_\_\_\_
2. Number of years in business: \_\_\_\_\_
3. Does applicant have any divisions or affiliates not to be insured hereunder?  Yes     No  
If yes, please name & describe: \_\_\_\_\_
4. Has the applicant had any insurance policy declined, cancelled, or non-renewed during the prior 3 years?  Yes     No  
If yes, give details: \_\_\_\_\_
5. Does the applicant have any knowledge of any facts which might give rise to a claim under these policies?  Yes     No  
If yes, give details: \_\_\_\_\_
6. Has the applicant ever declared bankruptcy?  Yes     No  
If yes, give details: \_\_\_\_\_

**PLEASE ATTACH**

- 1) The applicant's most current annual report, Form 10K or other Financial Information
- 2) Sales brochure describing the applicant's products
- 3) Copies of Storage and Rental Agreements, if applicable

**SECTION A - YACHT DEALERS COVERAGE**

**1. LIMITS DESIRED**

\$ \_\_\_\_\_ On any one vessel  
 \$ \_\_\_\_\_ While in transit by land  
 \$ \_\_\_\_\_ While on exhibit at \_\_\_\_\_  
 \$ \_\_\_\_\_ While on premises at \_\_\_\_\_  
 \$ \_\_\_\_\_ In any one occurrence

2. Average Total Inventory (vessels & goods each named location) ..... \$ \_\_\_\_\_

3. Maximum Inventory (vessels & goods each named location) ..... \$ \_\_\_\_\_

|                                       | Inside   | Outside  | Waterborne |
|---------------------------------------|----------|----------|------------|
| 4. Average value any one vessel ..... | \$ _____ | \$ _____ | \$ _____   |
| 5. Maximum value any one vessel ..... | \$ _____ | \$ _____ | \$ _____   |

6. Average number of vessels in inventory (each named location): \_\_\_\_\_

7. Maximum number of vessels in inventory (each named location): \_\_\_\_\_

8. Estimated number of vessels in transit per year: \_\_\_\_\_

9. Estimated number of Boat Shows / Exhibitions per year: \_\_\_\_\_

10. Estimated number of Demonstrations per year: \_\_\_\_\_

Are applicant's personnel in charge?  Yes  No If no, explain how demonstrations are performed? \_\_\_\_\_

11. Are any boats taken out of inventory for:

a. Rental?  Yes  No If yes, estimate of annual receipts: \$ \_\_\_\_\_

b. Personal use by owner/employees?  Yes  No If yes, number of times per year: \_\_\_\_\_

c. Loaners?  Yes  No

12. List all main manufacturers and major hull models sold:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13 a. Percent of inventory represented by foreign-made products: \_\_\_\_\_ %

13 b. Percent of inventory that are High Performance (capable of speeds greater than 60 mph): \_\_\_\_\_ %

14 a. Any products other than boats or boat accessories?  Yes  No If yes, percentage of sales: \_\_\_\_\_ %

14 b. Describe non-boat products: \_\_\_\_\_

15 a. What percent of inventory is built by a non-U.S. manufacturer? \_\_\_\_\_ %

15 b. Do all foreign manufacturers carry U. S. product liability?  Yes  No (Provide current certificates)

16. Yacht Dealers Extension Endorsement to be included?  Yes  No

\$ \_\_\_\_\_ False Pretense Coverage (if over \$25,000 is desired)

**Yacht Dealers Extension Coverages:**

- Title E&O \$300,000
- Insurance Agents E&O \$300,000
- Truth in Lending E&O \$300,000
- Engine Operating Hours Meter Alteration \$300,000
- False Pretense \$25,000

17. Deductible requested (Minimum \$1,000); Optional Deductible: \$ \_\_\_\_\_

18.  Reporting Form  Non-Reporting

19. Loss Payee: \_\_\_\_\_

**SECTION B – MARINA OPERATORS LEGAL LIABILITY COVERAGE**

**1. Limit of Liability**

\$300,000     \$500,000     \$1,000,000 (Higher limits may be available through a Bumbershoot policy)

Deductible: \_\_\_\_\_

**2. Docking**

Number of slips available: \_\_\_\_\_ Number of docks available: \_\_\_\_\_

Value of vessels docked: Average \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

Estimated Gross Receipts for proposed policy period ..... \$ \_\_\_\_\_

**3. Fueling**

Type of fuel (gas, diesel, LPG): \_\_\_\_\_

Fire protection (Describe safeguards): \_\_\_\_\_

Who supervises fueling? \_\_\_\_\_

Is after-hours self-pump service offered?  Yes     No

Estimated Gross Receipts for proposed policy period ..... \$ \_\_\_\_\_

**4. Hauling & Launching (Other than in conjunction with Repairs or Storage)**

Approximate number of vessels handled per year: \_\_\_\_\_

Maximum value of any one vessel: \$ \_\_\_\_\_

Three prior years receipts: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Estimated Gross Receipts for proposed policy period ..... \$ \_\_\_\_\_

**5. Mooring & Anchoring**

Maximum number of vessels moored: \_\_\_\_\_

Maximum value of any one vessel: \$ \_\_\_\_\_

Three prior years receipts: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Estimated Gross Receipts for proposed policy period ..... \$ \_\_\_\_\_

**6. Ship Repairers (Repairs, alteration, maintenance or restoration)**

Value of vessels handled: Average \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

What percentage of repair receipts are for commercial / non-pleasure craft? \_\_\_\_\_ %

If primarily a yacht repair facility, provide breakdown of repair operations:

\_\_\_\_\_ % Painting                      \_\_\_\_\_ % Refinishing                      \_\_\_\_\_ % Fiberglassing

\_\_\_\_\_ % Engine Repair                      \_\_\_\_\_ % Spray Painting                      \_\_\_\_\_ % General Repair

\_\_\_\_\_ % Welding                      \_\_\_\_\_ % Electrical                      \_\_\_\_\_ % Woodworking

Three prior years receipts: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Estimated Gross Receipts for proposed policy period ..... \$ \_\_\_\_\_

**7. Storage Ashore**

Individual value of vessels stored: Average \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

Value of vessels stored and method of storage:

Outside in open racks: \$ \_\_\_\_\_ (Average)    \$ \_\_\_\_\_ (Maximum)    \_\_\_\_\_ (Number)

Non-racked: \$ \_\_\_\_\_ (Average)    \$ \_\_\_\_\_ (Maximum)    \_\_\_\_\_ (Number)

Inside on racks: \$ \_\_\_\_\_ (Average)    \$ \_\_\_\_\_ (Maximum)    \_\_\_\_\_ (Number)

Non-racked: \$ \_\_\_\_\_ (Average)    \$ \_\_\_\_\_ (Maximum)    \_\_\_\_\_ (Number)

Three prior years receipts: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Estimated Gross Receipts for proposed policy period ..... \$ \_\_\_\_\_

**8. Other**

Give details for other activities/services offered by the marina; installation of aftermarket product (i.e., Tuna towers, electronics) \_\_\_\_\_

Three prior years receipts: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Estimated Gross Receipts for proposed policy period ..... \$ \_\_\_\_\_

**TOTAL ESTIMATED GROSS RECEIPTS (TOTAL OF 2 through 8)..... \$ \_\_\_\_\_**

*(Section B Continued on Next Page)*

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

**OTHER RECEIPTS**

**Rental Boats** (Attach a complete description of vessels)

Number of Vessels: \_\_\_\_\_

Does your rental agreement contain a Hold Harmless agreement?  Yes  No If yes, provide a copy

Three prior years receipts: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Estimated Gross Receipts for proposed policy period ..... \$ \_\_\_\_\_

**Ships Store Sales**

What percentage of sales are consumables (food, drink, etc.)? \_\_\_\_\_ %

Three prior years receipts: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Estimated Gross Receipts for proposed policy period ..... \$ \_\_\_\_\_

**Storage Ashore**

If any part of operations include storage on land, in buildings, or outside, in racks or in any other way, please complete the following details

1. How many levels are racks ( 2, 3 or 4 high)? \_\_\_\_\_
2. Are vessels ever left on trailers?  Yes  No If yes, describe safeguards to guard against theft: \_\_\_\_\_  
\_\_\_\_\_
3. What is construction of storage building(s)?  Brick  Concrete Block  Frame  Steel  Other  
Explain "Other" type of construction: \_\_\_\_\_
4. If storage building has a flat roof, is snow removal a common practice in part of the country where applicable?  Yes  No  N/A  
If yes, describe procedures: \_\_\_\_\_
5. Winter Storage  
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
6. What is the age of the building? \_\_\_\_\_
7. Is building sprinklered?  Yes  No If yes, describe system: \_\_\_\_\_
8. What protection systems are currently used?  Central Station  Indicate rating: \_\_\_\_\_  
Describe system and give Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Fire Alarm (type) \_\_\_\_\_  Burglar Alarm (type) \_\_\_\_\_  
 Night Watchman  Flood Lights  Fencing  Other  
Explain "Other" type of protection system: \_\_\_\_\_
9. Are all 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 utilized by the insured for storage?  Yes  No  
Attach a copy of storage contract currently in use

**SECTION C - PROTECTION & INDEMNITY COVERAGE**

**1. Limit of Liability**

Yacht Dealers:     \$300,000     \$500,000     \$1,000,000 (Higher limits are available through a Bumbershoot policy)

Marina Operators:     \$300,000     \$500,000     \$1,000,000 (Higher limits are available through a Bumbershoot policy)

Owned Watercraft:     \$300,000     \$500,000     \$1,000,000 (Higher limits are available through a Bumbershoot policy)

*(Coverage only applies to those vessels specifically listed under Section F – Owned Watercraft Coverage)*

Medical Payment of \$2,000 included

Crew .....  Include                       Exclude

    Number of Crew: \_\_\_\_\_

Sailing Instruction .....  Include                       Exclude

    Maximum number of Instructors at any one time: \_\_\_\_\_

    Maximum number of Students at any one time: \_\_\_\_\_

Water Ski Liability (\$300,000 maximum limit available) .....  Include                       Exclude

Regatta Liability .....  Include                       Exclude

Towers Liability: Do you offer Commercial Towing Assistance for Hire?                       Yes                       No

    If yes, describe: \_\_\_\_\_

Sudden & Accidental Pollution Liability (\$300,000 maximum limit available) .....  Include                       Exclude

2. Deductible requested: \$ \_\_\_\_\_

3. Average experience of employees

|  | Number<br>of | Years With<br>Applicant | Total Years<br>Experience |
|--|--------------|-------------------------|---------------------------|
| Captains – Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No..... | _____        | _____                   | _____                     |
| Engineers.....   | _____        | _____                   | _____                     |
| Deckhands .....  | _____        | _____                   | _____                     |
| Other (describe): _____  | _____        | _____                   | _____                     |

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

1. Brief description of property to be insured (Attach a diagram, indicating distances between where there is more than one pier, and include a photo of site): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Type of construction:  Wood  Concrete  Steel  Other (describe): \_\_\_\_\_  
 Fixed  Floating                      Percentage of dock covered over with roof, if any: \_\_\_\_\_ %  
 Number of docks: \_\_\_\_\_                      Electricity on docks?  Yes  No                      Separate fuel dock?  Yes  No
3. Year(s) of construction: \_\_\_\_\_
4. Were the docks built to a specific wind resistant rating?  Yes  No    If yes, what speed? \_\_\_\_\_
5. If docks are set with pylons, how many feet above the high tide mark are they? \_\_\_\_\_
6. For anchored docks, are all cables, winches & anchor connections inspected and repaired annually?  Yes  No
7. Describe the maintenance program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Describe firefighting capabilities at pier: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Local fireboat available?  Yes  No
10. Is any property removed from water during winter?  Yes  No
11. Has any company refused or cancelled any similar coverage applied for or in force during the past three years?  Yes  No  
 If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_
12. Deductible  
 All perils    \$ \_\_\_\_\_ (\$5,000 minimum deductible applies)  
 Wind, Hail & Wind Driven Water (Storm Surge)    \$ \_\_\_\_\_ (\$25,000 minimum deductible for covered docks)
13. Total value of the docks: \$ \_\_\_\_\_ Attach Schedule of Dock Values OR complete the following (Mandatory)

| Description | Construction | Length | Year | Value |
|-------------|--------------|--------|------|-------|
| Dock A      |              |        |      |       |
| Dock B      |              |        |      |       |
| Dock C      |              |        |      |       |
| Dock D      |              |        |      |       |
| Dock E      |              |        |      |       |
| Dock F      |              |        |      |       |

Valuation:  Actual Cash Value     Replacement Cost (90% Coinsurance applies)  
 Submit a survey or appraisal for Replacement Cost valuation

14. Business income limit of insurance desired: \$ \_\_\_\_\_ (minimum 50% of receipts)
15. Include Equipment Breakdown coverage (Boiler & Machinery Endorsement)?  Yes  No





**SECTION G – YACHT CLUB SUPPLEMENTAL QUESTIONNAIRE**

1. Number of Members: \_\_\_\_\_  Open Year Round  Open from: \_\_\_\_\_ to \_\_\_\_\_  
 If not open year round, is security provided during the off season?  Yes  No

2. Do any special zoning laws apply to the property in the event of a loss?  Yes  No If yes, please specify: \_\_\_\_\_

3 a. Value of trophies and/or fine arts: \$ \_\_\_\_\_ (Any one item > \$2,500 must be specifically scheduled.)

3 b. Are trophies ever off the premises?  Yes  No

3 c. Coverage desired?  Yes  No Deductible requested: \$ \_\_\_\_\_

4. Special Services (check all that apply):  Swimming Pool  Bathing Beach  Restaurant  Snack Bar  Tennis Courts

5. Annual Income Breakdown

|                               |          |                           |          |
|-------------------------------|----------|---------------------------|----------|
| Annual Dues <i>Per Member</i> | \$ _____ | Pool Fees                 | \$ _____ |
| Total Annual Dues             | \$ _____ | Tennis Fees               | \$ _____ |
| Dockage Receipts              | \$ _____ | Boat Instruction Fees     | \$ _____ |
| Mooring Charges               | \$ _____ | Fuel Sales                | \$ _____ |
| Winter Storage Charges        | \$ _____ | Slip Rental Fee (per ft.) | \$ _____ |
| Repair Receipts               | \$ _____ | Total Annual Slip Fees    | \$ _____ |

|   |          |                                    |          |
|---|----------|------------------------------------|----------|
| Maximum Value<br>of Any One Vessel Docked | \$ _____ | Average Value<br>of Vessels Docked | \$ _____ |
|---|----------|------------------------------------|----------|

6. Number of Slips: \_\_\_\_\_ Number of Moorings: \_\_\_\_\_

7. Is a full-time dockmaster employed during the season?  Yes  No

8. Does the club own or lease vehicles?  Yes  No

If yes, please submit an ACORD Automobile Application. Include information regarding vehicle usage.

9. Number of employees: \_\_\_\_\_ List employees positions: \_\_\_\_\_

10. Does club own and/or lease boats?  Yes  No (If yes, you must complete Section G of this application)

Sailboats  Powerboats

11. Does club provide sailing instructions?  Yes  No

Annual Revenue: \$ \_\_\_\_\_ Number of Students: \_\_\_\_\_ Ages: \_\_\_\_\_ Length of Program: \_\_\_\_\_

Name and address of person in charge of sailing program: \_\_\_\_\_

Certification:  USSA  ARC  Other \_\_\_\_\_

Experience with sailing instruction: \_\_\_\_\_

Instructors certified in CPR:  Yes  No First Aid:  Yes  No

**Coverage may also be available for Buildings, Business Contents, Business Automobile,  
Commercial General Liability, Inland Marine, Boiler & Machinery, Crime,  
Business Interruption and Umbrella.**

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

**LOSS HISTORY**

Please attach a loss history for the last five (5) years

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You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MGA may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

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's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_