

Thomas & Company
MARINASURE®
P.O. Box 2630
Ft. Myers Beach, FL 33932
(239) 463-2628 FAX (239) 765-0583

Our Marina/Boat Dealers application are attached.

- STOP -

Go to the last page of the application. Answer the last question (5 year loss history) first. If you cannot fully answer this question, do not proceed. No loss history - No quote.

- THEN -

Answer question #1 on the first page. Give a full description of all operations at the Marina/Boat Dealer not just the operations you think you are requesting coverage for. This would include restaurants, motels, campgrounds, etc.

- PROCEED -

To page 2 and complete Gross Receipts section. The total of the sales and receipts given here should equal the insured's total gross income.

- IF -

You have successfully been able to complete the above sections, then fill out the remainder of the application and send the entire 8 pages to us. Do not delete any pages, even if they are blank or Not applicable.

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Marina Program Application

Name of Assured _____
Mailing Address _____
City _____
State & Zip _____
Survey Contact Phone # _____

Individual Partnership Corporation Other

Producer's Name _____
Street Address _____
City _____
State & Zip _____

1. List and describe any business owned, operated, or managed by the insured, including any lessor's risk _____

2. Number of years in business _____ 3. Proposed effective date _____
4. Please provide name of current carriers, expiring premiums, and policy expiration dates

5. Is the insured a subsidiary of any other entity or does the insured have any subsidiaries? If yes, please describe _____

6. Any policy or coverage declined, cancelled or non-renewed during the prior three years? If yes, please explain _____

Locations:

- A. _____
B. _____
C. _____
D. _____
E. _____
F. _____

Coverages Requested

- | | |
|---|---|
| <input type="checkbox"/> Marina Operators | <input type="checkbox"/> Property Insurance |
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Piers, Wharves & Docks |
| <input type="checkbox"/> Protection & Indemnity | <input type="checkbox"/> Equipment/Tools |
| <input type="checkbox"/> Boat Dealer's | <input type="checkbox"/> Owned Watercraft |

PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES
RECEIPTS AND SALES INFORMATION SECTION MUST BE COMPLETED ON ALL APPLICATIONS

RECEIPTS AND SALES INFORMATION

- Boat, Motor & Trailer Sales \$ _____
- Ship Store Sales (excl. Repair Parts) \$ _____
- Pre- packaged Food & Drink Sales \$ _____
- Restaurant Sales \$ _____
- Boat Storage - Racked \$ _____
- Boat Storage – Non-racked \$ _____
- Docking & Mooring \$ _____
- Hauling & Launching \$ _____
- Fueling \$ _____
- Boat Repair/Alterations (incl. Repair Parts) \$ _____
- Owner, Landlord Tenants Receipts \$ _____
- Boat Rental \$ _____
- Other (explain) \$ _____

General Information

Protection At Locations (Yes or No)

LOCATIONS

A B C D E F

U/L certified central station alarm : _____

Watchman service after business hours : _____

Describe nature & extent of watchman : _____

Alarm with outside gong or siren : _____

Completely fenced and floodlighted : _____

Automatic/emergency fuel shutoff valve: _____

Fire Protection

LOCATIONS

A B C D E F

Paid or Volunteer: _____

Distance from location(s) _____

Public fire hydrants - # and distance : _____

Public fire mains - size and pressure: _____

Describe any private fire protection: _____

MARINA OPERATORS LIABILITY

1. Limits requested:

A. Any one vessel \$ _____

B. Any one accident or occurrence \$ _____

2. Deductible requested \$ _____ (minimum \$2,500)

Docking and Mooring

	Loc. A	Loc. B	Loc. C	Loc D.	Loc E.	Loc F.
Slips available for rent						
Buoys available for rent						
Average value of yachts						
Maximum value of yachts						
Any slips under a common roof						

Describe type of heavy lift equipment and indicate lifting capacity _____

*Storage**

	Loc. A	Loc. B	Loc. C	Loc. D	Loc. E	Loc. F
Max. number of yachts stored at any time in the past year						
Number stored in summer						
Number stored in winter						
Average value of yachts						
Max. value of yachts						

A. Are yachts stored afloat between 12/1 and 4/1? _____

B. Are yachts stored inside a building? _____

If yes, are they on racks? _____ Sprinkler System? _____

C. Type of building construction? _____

D. Fire Rate? _____

E. Are yachts stored outside on racks? _____ If yes, how many? _____

* If you provide any storage, a copy of the storage agreement is required for coverage to apply.

Repair Operations

A. Type of vessels _____

B. Type of work _____

C. Highest value of any one yacht repaired last year \$ _____

D. Describe any commercial ship repair work you do and provide receipts _____

E. Receipts (non-commercial) past 12 months \$ _____

PROTECTION AND INDEMNITY

Limit Requested \$ _____

Sections Applicable:

Marina Operators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Boat Dealers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Work Boats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many?
Rental Boats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many?
Other Owned Boats (exclude boats for sale)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many?

For work boats, rental boats and other owned boats, indicate make, year built, length and horsepower for each _____

For owned watercraft, are crew covered? _____ If yes, # _____

Please fully describe work boat/rental boat/other owned boat operation if you are requesting P & I coverage for these vessels _____

GENERAL LIABILITY

Limits Requested (choose one)

	Option A []	Option B []	Option C []
A. General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000
B. Products-Completed Ops Aggregate	\$1,000,000	\$ 500,000	\$ 300,000
C. Personal And Advertising Injury	\$1,000,000	\$ 500,000	\$ 300,000
D. Each Occurrence	\$1,000,000	\$ 500,000	\$ 300,000
E. Fire Damage (Any One Fire)	\$ 100,000	\$ 100,000	\$ 100,000
F. Medical Expense (Any One Person)	\$ 5,000	\$ 5,000	\$ 5,000

Products Sold	Annual Sales	# Of Units	Intended Use

Explain all "yes" responses	YES	NO
1. Does applicant install, service or demonstrate products?	[]	[]
2. Foreign products sold, distributed, used as components?	[]	[]
3. Research and development conducted or new products planned?	[]	[]
4. Guaranties, warranties, hold harmless agreements?	[]	[]
5. Products recalled, discontinued, changed?	[]	[]
6. Products recalled, discontinued, changed?	[]	[]
7. Products under label of others?	[]	[]
8. Vendors coverage required?	[]	[]
9. Does any named insured sell to other named insured?	[]	[]
10. Products manufactured?	[]	[]

Please attach literature, brochures, labels, warnings, etc.

Additional interests/certificate recipients:

<u>Name and address</u>	<u>Interest</u>	<u>Certificate</u>

GENERAL INFORMATION Explain all "yes" responses

	YES	NO
1. Any medical facilities provided or doctor employed/contracted?	[]	[]
2. Any exposure to radioactive/nuclear material?	[]	[]
3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material?	[]	[]
4. Any operations sold, acquired or discontinued in the last 5 years?	[]	[]
5. Any parking facilities owned/operated?	[]	[]
6. Is a fee charged for parking?	[]	[]
7. Recreation facilities provided?	[]	[]
8. Is there a swimming pool on the premises?	[]	[]
9. Sporting or social events sponsored?	[]	[]
10. Any structural alterations contemplated?	[]	[]
11. Any demolition exposure contemplated?	[]	[]
12. Does harbormaster live on premises?	[]	[]

Remarks: _____

BOAT DEALER'S INSURANCE

1. Limits requested:

- A. Any one vessel \$ _____
- B. Any one location \$ _____
- C. Any one accident or occurrence \$ _____

2. Deductible each occurrence each location \$ _____ (minimum \$2,500)

Describe type of boats and motors sold and manufacturer _____

Location	Last Inventory Date _____	Average Monthly Inventory
Loc A Bldg. -	\$ _____	_____
Open Area -	\$ _____	_____
In Water -	\$ _____	_____
Loc B Bldg. -	\$ _____	_____
Open Area -	\$ _____	_____
In Water -	\$ _____	_____
Loc C Bldg. -	\$ _____	_____
Open Area -	\$ _____	_____
In Water -	\$ _____	_____
Loc D Bldg. -	\$ _____	_____
Open Area -	\$ _____	_____
In Water -	\$ _____	_____
Loc E Bldg. -	\$ _____	_____
Open Area -	\$ _____	_____
In Water -	\$ _____	_____
Loc F Bldg. -	\$ _____	_____
Open Area -	\$ _____	_____
In Water -	\$ _____	_____

Transit Exposures

A. Are any boats delivered from manufacturer at Insureds' risk? _____ If yes, how are they delivered?

Max. value any one boat _____ Max. value any one delivery _____

B. Are any boats delivered by water to the insured? _____ If yes, from where? _____

C. Total values of boats delivered by insured during the past year \$ _____

D. Total value of boats delivered by public carrier \$ _____

E. Total value of boats delivered by applicants' vehicle \$ _____

F. Average distance the boats are transported _____ Maximum distance _____

G. Number of boats delivered to purchaser by water _____ Average distance _____

Average value \$ _____

Boat Shows

Number of boat shows annually _____ Number of boats each show _____

In water or on land _____

Maximum dollar limit any one show \$ _____

Average/maximum distance to show _____ Transported by common carrier or own vehicle _____

Demonstrations

Maximum value any one boat \$ _____ Maximum Mph any one boat _____

Is boat under command of competent employee? _____

Are demonstrators equipped with full complement of U.S. Coast Guard required safety equipment? _____

Are boats used in fishing tournaments? _____ If yes, explain _____

Are rendezvous held? _____ If yes, explain _____

EQUIPMENT AND TOOLS

EQUIPMENT COVERAGE

Indicate Valuation (circle one): ACV 80% REPL CST 90%

Complete the following or submit schedule

Description	Serial Number	Value	D/A	Location

OWNED WATERCRAFT

OWNED WATERCRAFT COVERAGE

Indicate Valuation (circle one): ACV 80% REPL CST 90%

Fully describe any operation for which you are requesting coverage for owned watercraft

Please complete the following or submit a detailed schedule

Description	Serial Number	Value	D/A	Location

If you are requesting coverage for boats that you are renting to others, please submit a copy of the applicable rental agreement as well as a description of your rental qualification standards.

Mortgagees/Loss Payees

Name and Address	Interest	Coverage Sections(s) Applicable	Location
<hr/>			
<hr/>			
<hr/>			
<hr/>			

FOR ALL SECTIONS

LOSS RECORD List all claims incurred during the past five years to property or from operations covered by this form of policy, including date, cause, amount paid or estimated amount, if claim not settled. If none, state "none".

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

Producer's Signature
DATE _____

Signature of Applicant
DATE _____