

Policy # _____

THOMAS & COMPANY
MARINA AND BOAT DEALERS RENEWAL QUESTIONNAIRE

Please verify and complete all of the following that apply to your operations and return to Thomas & Company. Policies will be issued according to the information provided on this form:

Named Insured: _____

Policy Period: _____

Mailing Address: _____

1. What is your average monthly inventory value of boats, motors, trailers, parts and accessories? \$ _____

What is your maximum inventory value? \$ _____

2. Do you insure any of your inventory through your floor plan finance company or through other sources? YES /NO

3. Provide a list of tenants to whom you lease space. Indicate for each if you have a certificate of insurance from the tenant. List attached /No tenants

4. Describe for us any changes in your operation from last year or planned for the upcoming year. This would include any expansion of your facilities, new boat lines or new locations.

5. Provide your estimated sales and receipts for the upcoming year:

• 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) \$ _____

6. Please list the following:

Addresses of covered premises:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Schedule of owned watercraft with insured value:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Schedule of owned equipment with insured value:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

7. Contact name and number: _____

8. Please list name and address of all loss payees and/or mortgagees on the policy.

Agent Signature: _____ Insured Signature: _____