

SEAFARER MARINE SUPPLEMENTAL APPLICATION

Date:	Agency:	
Named Insured:		
Mailing Address:		
City:	State:	Zip:
Primary Contact Name(s):		
Phone Number:	Email Address:	
Website:		

Years in Business	Present Insurer:
Has any company declined, cancelled or non-renewed coverage in the last three years? Yes No If yes, please explain	
Is the applicant affiliated with any other business? Yes No If yes, please explain	
Are you a current member of any marine trade association. If yes, please list the name(s) of the association(s)	
Is the facility designated as a Clean Marina? If yes, please list the year of the certification.	
Coverages Requested (Select all that apply):	
Property	Liability Piers & Docks Owned Boats Boat Dealers Boat Builders

OPERATION, LOCATION & TYPE

(PLEASE LIST ALL LOCATIONS WHERE APPLICANT OPERATES)

Location #1 (Address City, State, Zip)	Boat Dealer	Marina	Boat Yard	Boat Repairer	Yacht Club	Other
Location #2 (Address City, State, Zip)	Boat Dealer	Marina	Boat Yard	Boat Repairer	Yacht Club	Other
Location #3 (Address City, State, Zip)	Boat Dealer	Marina	Boat Yard	Boat Repairer	Yacht Club	Other

Projected Gross Receipts and Boat Sales

Dock Slip Rental Receipts	\$ _____	Mooring Buoy Rental Receipts	\$ _____
Dry Storage (non-racked) Receipts	\$ _____	Dry Storage (Rack) Receipts	\$ _____
Fuel Sale Receipts	\$ _____	Hauling/Launch Receipts	\$ _____
Restaurant Receipts	\$ _____	Restaurant Liquor Sales	\$ _____
New Boat Sales	\$ _____	Used Boat Sales	\$ _____

Brokerage Gross Sales	\$ _____	Brokerage Commissions	\$ _____
Parts & Accessories Receipts	\$ _____	Boat Rental Receipts	\$ _____
Store Receipts	\$ _____	Package Liquor Receipts	\$ _____
Other (Please explain)	\$ _____		

BOAT DEALERS

Estimated Gross Receipts: \$ _____ Limit of Coverage: \$ _____ Catastrophe Limit: \$ _____

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 Other _____

Title Recovery Expense Y/N, limit: \$ _____ Title E&O Y/N, limit: \$ _____ Truth in Lending Y/N, limit: \$ _____

Number of locations: _____ Max value any one location: \$ _____ Max value all locations: \$ _____

Number of vessels: _____ Max value any one vessel: \$ _____ Max number of vessels(any one location) _____

Max length of vessels sold: _____ Max value in transit: \$ _____ Max value on exhibit: \$ _____

List of Brands sold: (Boats, engines, trailers): _____

Types of vessels sold: _____

Percentage of overall sales: Personal Watercraft _____% Jet Skis _____% ATV _____% Snowmobiles _____% RV's _____%

Personal use of inventory by owner/employee Y/N _____

Estimated number of demonstrations per year: _____ Do employees remain with the vessel during demos Y/N _____

What form of transportation is used to deliver vessels? _____

Maximum delivery distance from dealership: _____

Customer Screening background Y/N _____

BOAT BROKERS

Coverage Limit: \$1,000,000 \$2,000,000

Deductible Requested: \$1,000 \$2,500 \$5,000 \$10,000

BOAT BUILDER

Coverage Limit: \$ _____

Number of boats built per year: _____ Maximum vessel value: \$ _____

PROTECTION & INDEMNITY

Applies to:	Boat Dealers/Marina Operators	Yacht Clubs	Owned Boats				
Limit of Liability:	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000	
Number of work boats:	_____	Number of rental boats:	_____	Regatta Liability:	Y/N		
Number of crew:	_____	Sailing Instruction:	Y/N	Number of students:	_____	Number of instructors:	_____

PIERS & DOCKS

(ATTACH A DIAGRAM SHOWING ALL DOCKS IF THE FACILITY LAYOUT IS NOT AVAILABLE ON THE COMPANY WEBSITE)

Limit of Coverage: \$ _____ Blanketed Y/N Coinsurance Requested: 80% 90% 100% N/A

Valuation: Replacement Cost (RC) Actual Cash Value (ACV) Stated Amount (SA)

Deductible: AOP Wind/Hail Earthquake Ice/Snow

Flood Manufacturer: _____ Year Built: _____ Year of last Upgrade: _____

Number of locations: _____ Number of slips: _____ Number of covered: _____ Number of uncovered: _____

Type of construction: _____ Fixed or floating: _____

If floating, are the docks removed from the water in the winter months: Y/N

How are docks anchored: Pilings Cable Other (Please describe)

Are docks protected from wind/wave/surge: Y/N

Is there a wave attenuation system: Y/N Our there any breakwaters: Y/N Is there an operating bubbler system: Y/N

Electricity on Docks: Y/N If Yes, are docks protected by GFCI: Y/N

Separate Fuel Dock: Y/N If Yes, is there an automatic shutoff: Y/N

Is there a maintenance plan in place: Y/N

Designed wind speed resistance: _____ MPH Design snow load capacity: _____ lbs/sq ft

Local fireboat available: Y/N Are there any fire hydrants within 500 feet: Y/N

Name of waterway: _____ Current water depth: _____ Maximum water depth: _____

Piers & Docks Business Income

Limit Requested: \$ _____

Sources of Revenue: Dockage: \$ _____ Fueling \$ _____ Boat Rental \$ _____ Store \$ _____ Restaurant \$ _____

Other: (Please explain)

OWNED BOAT

(LIST ALL BOATS IN OPERATION, ATTACHED SEPARATE SHEET IF NECESSARY)

Type R-Rental W-Workboat S-Sailing School	Manufacturer	Year	Hull ID#	Value	Physical Damage Requested	Watersports Liability	Deductible

RENTAL BOATS

(COPIES OF CUSTOMER SCREEN PROCEDURES, CHECK OUT PROCEDURES AND RULES MUST ACCOMPANY THIS APPLICATION)

Rental Operations: Year Round Seasonal from: _____ to: _____ Hours of Operation: _____
Types of Boats Rented: Inboard/Outdrive Pontoon Boats Houseboats Sailboats Canoes Kayaks Other
If Other, please explain _____
Is tubing, water skiing, or wakeboarding permitted: Y/N Are there age restrictions: Y/N
Signed rental agreements: Y/N Signed Hold Harmless Agreements: Y/N
Estimated Gross Receipts from Boat Rentals: \$ _____

MACHINERY & EQUIPMENT

(ANY ONE EQUIPOMENT \$2,500 OR GREATER MUST BE SCHEDULED)

Coverage Limit: \$ _____
Deductible: \$1,000 \$2,500 \$5,000 \$10,000
Are tools & machinery secured when not in use: Y/N
How often is maintenance performed on the tools and equipment? _____

YACHT CLUBS

Number of members: _____ Years in operation: _____ Year Round or Seasonal If Season, provide dates: _____
Amenities: Swimming Pool Beach Restaurant Snack Bar Tennis Courts Fitness Center Lodging Facilities
Other: (please explain) _____
Annual Income Breakdown; Total Annual Dues\$ _____ Dockage Receipts\$ _____ Repair Receipts\$ _____
Slip Rental Receipts\$ _____ Fuel Receipts\$ _____ Other\$ _____
Number of club sponsored events per year: _____
Does club lease or borrow boats: Y/N

SUDDEN & ACCIDENTIAL POLLUTION

Limit Requested: \$300,000 \$500,000 \$1,000,000
In the last five years has the facility been;

- cited or prosecuted for any local or state law regarding the release of substances into the environment: Y/N
- sued or required to pay damages for any environmental cleanup: Y/N

Was the property previously used as a landfill or waste disposal site: Y/N
Do you have a spill prevention, control plan in place: Y/N

MARINE OPERATORS LEGAL LIABILITY

Limits Requested: \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
 Deducible Request: \$1,000 \$2,500 \$5,000 \$10,000

Docking/Mooring Operations:

Number Of Slips Available: _____ Maximum Value Of Any One Vessel Docked: \$ _____

Are Slip Rental Agreements Required: Y/N

Please Select All That Apply Regarding the Facility:

 Watchman Security System Lighted Fenced Bubbler System

Estimated Gross Annual Receipts: \$ _____

Fueling Operations

Types of Fuel Offered: _____ Who Performs Fueling: Customer Employee

Location Of Fuel Tanks: Above Ground Below Ground Age of Tanks: _____

Are There Emergency Shutoffs Located On The Docks: Y/N Fire Extinguishers In Place: Y/N

Is There Proper Signage in Place: Y/N

Estimated Gallons Sold Annually: \$ _____ Estimated Gross Receipts from Fueling: \$ _____

Hauling & Launching

Approximate Number of Vessels Hauled/Launched Per Year: _____

Is Hauling/Launching Subcontracted: Y/N

Type of Equipment Used: _____

How Often Is Equipment Inspected: _____

Estimated Gross Receipts from Hauling & Launching: \$ _____

Boat Storage

Values And Methods of Storage	Average	Maximum	Total Number of Vessels
Outside In Open Racks:	\$ _____	\$ _____	_____
Outside Non-Racked:	\$ _____	\$ _____	_____
Inside On Racks:	\$ _____	\$ _____	_____
Inside Non-Racked:	\$ _____	\$ _____	_____
In Water:	\$ _____	\$ _____	_____

Racked Storage: (how many levels) 2 3 4 Other

Building Sprinklered: Y/N Rack Storage Unit Sprinklered: Y/N Vessels Left on Trailers: Y/N

Batteries Removed or Disconnected: Y/N Shrink Wrap Services Provided: Y/N Fuel: Topped or Emptied

Type of Security at Facility: Watchmen Security Cameras Fire/Burglar Alarms Fencing

Are Customers Permitted to Work On Vessels While In Storage: Y/N

Are Storage Contracts in Place: Y/N

Estimated Gross Receipts from Boat Storage: \$ _____

Boat Repairs

Types of Boats Repaired: Personal _____% Commercial _____%

Types of Work: Welding _____% Engine _____% Painting _____% Woodworking _____%
Electrical _____% Fiberglass _____% General Maintenance _____% Rigging _____%

Work Performed: Inside _____% Outside _____% Are Subcontractors Used: Y/N

Are Boat Owners Permitted to Work on Vessels: Y/N Are Repair Agreements in Place: Y/N

Estimated Gross Receipts for Boat Repair: \$ _____

Sailing Schools

Number of Sailing Vessels: _____ Number of Sailing Students: _____ Student to Instructor Ratio: _____

Are Instructors Certified Through Us Sailing Association: Y/N Are Life Jackets Required: Y/N

Are Students Required to Take a Swimming Proficiency Test: Y/N Waivers of Liability: Y/N

LIQUOR LIABILITY

Restaurant: Y/N Members Only Open to the Public

Type of Restaurant: Family Sports Bar Fine Dining Country Club Banquet/Reception Hall

Seating Capacity #: _____ Dinning Room: _____ Patio: _____ Bar: _____ Dance Floor: _____

Hours of Operation:

Restaurant: _____ to _____ Days of the week Mon. Tues. Wed. Thurs. Fri. Sat. Sun. All

Bar: _____ to _____ Days of the week Mon. Tues. Wed. Thurs. Fri. Sat. Sun. All

Annual Sales:

On Premises Food\$ _____ Alcohol \$ _____ Other \$ _____ Total\$ _____

Catering: Food\$ _____ Alcohol\$ _____ Other\$ _____ Total\$ _____

Alcohol Sales (%): Beer _____% Wine _____% Liquor _____% =100%

Does Bar have a separate entrance: Y/N Are person under the age of 21 allowed in the bar: Y/N

Is there live entertainment or DJ on premises: Y/N Are there game nights: Y/N Is there a happy hour: Y/N

Are bartenders and waitstaff trained in TIPS and TAMS Programs: Y/N

Are ride home procedures in place: Y/N

Does restaurant have a UL 300 Fire Suppression System in Place: Y/N

LOSS INFORMATION

ADDITIONAL COMMENTS & SIGNATURE

While my signature verifies this information to be true, this application does not bind me to accept insurance, nor does it bind the Agent or the Company to accept me as an applicant for insurance. If I accept, I hereby authorize any company, credit bureau, or Department of Motor Vehicle that has knowledge of me to give such information to the Agent or the Company to be used for their purposes only. Omitting, misrepresenting or state information falsely on this application constitutes insurance fraud, voids all coverage, and is subject to criminal and civil penalties. The Company will consider claims history for purposes of determining whether to cancel or refuse to renew your policy.

Signature: _____

Date: _____