

MOBILE INSURANCE

1 800 458-4320

MARINA OPERATOR, YACHT DEALER AND YACHT CLUB APPLICATION

APPLICANT INFORMATION	PRODUCER INFORMATION
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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: Individual Partnership Corporation Other (describe): _____

COVERAGES REQUESTED*

Section A – Yacht Dealers Coverage

Section E – Commercial Tools & Equipment Coverage

Section B – Marina Operators Legal Liability Coverage

Section F – Owned Watercraft Coverage

Section C – Protection & Indemnity Coverage

Section G – Yacht Club Supplemental Questionnaire

Section D – Piers, Wharves and Docks Coverage

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

SECTION F – OWNED WATERCRAFT COVERAGE

1. Rental / Workboat / Personal / Water Skiing (towing of persons) Boat Coverage

Hull & Machinery							
TRADE NAME	USE OF BOAT*	YEAR BUILT	LENGTH	TOTAL H.P.	VALUE	TYPE OF FUEL	MATERIAL OF HULL
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		

* Indicate whether Rental, Workboat, Personal or if boat can be used for Water Skiing or towing of persons

- 2. Navigation area of above vessel(s): _____
- 3. Are surveys available on all hulls over 3 years old? Yes No
 If yes, attach copies of most recent survey(s)
 If no, on what date will survey(s) be accomplished? _____
- 4 a. If Houseboats are scheduled, do any contain rear exhaust for engines or generators? Yes No
- 4 b. Are all vessels equipped with c/o detectors? Yes No
- 5. Deductible requested: \$ _____ (\$500 minimum applies)

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 of Any One Vessel Docked	 \$ _____	 Average Value 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

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: _____