

APPLICANT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Website: _____
Total Number of Years in Business: _____
Desired Effective Date: From: _____ To: _____
Applicant's Tax ID/SSN: _____
Applicant is: Individual Partnership Corporation

PRODUCER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Producer Code: _____
Quote Needed by: _____
LLC Other (Describe): _____

Locations of Premises (If different than above): _____

Does the insured lease any marina slips at this location? No Yes

If yes, please give details and attach copy of lease agreement:

Give information regarding insured's experience operating vessels, sizes, types, USCG licenses held:

Type, size, average and maximum value of vessels listed:

Please provide a copy of the insured's brokerage agreement. Does the applicant enter into contractual agreements other than those normal to the industry? No Yes If yes, provide details and copies of contracts:

Current Insurance Carrier: _____

Current Premiums (i.e. Deposit & Adjustment rate): _____ Limit of Liability & Deductible required: _____

Has any policy or coverage been declined, cancelled or non-renewed during the past five years: No Yes If yes, provide details:

Actual Brokerage commissions from the past 12 months: \$ _____

Estimated Brokerage commission for the next 12 months: \$ _____

Combined Single Limit Separate Limits – please complete the following sections if separate limits are requested

MARINA OPERATORS LEGAL LIABILITY

Check if coverage is desired Yes No

Types of work performed: Engine Detailing Fiberglass Electronics
Shrink Wrap Canvas Upholstery Welding (please provide details of work done)

Other (please specify) _____

YACHT BROKERS LEGAL LIABILITY

Check if coverage is desired Yes No

Yacht Brokers Extension Endorsement Yes No

PROTECTION AND INDEMNITY (\$2000 MEDICAL PAYMENTS INCLUDED)

Check if coverage is desired Yes No

MOBILE EQUIPMENT (attach supplemental schedule if more than 3 items)

List all equipment to be insured hereunder:

YEAR	MAKE	MODEL	SERIAL #	VALUE
				\$
				\$
				\$

TOOLS

Tools: Max any one item: \$ _____ Total Value \$ _____ Deductible (\$250 minimum) \$ _____

WORKBOATS

Description of boats to be insured:

AGE	LENGTH	MANUFACTURER	SERIAL #	H.P.	VALUE
					\$
					\$
					\$

Describe usage of vessels: _____

Any passenger carrying vessels? Yes No

Navigation Area: _____

Lay-Up: From: _____ To: _____

Deductible (\$250 minimum) \$ _____

Protection and Indemnity Limit required? _____

Are revenues generated from other than the marine operations described above? No Yes If yes, provide details: _____

Number of vessels sold in the past 12 months: _____

Average number of showings per vessel sold: _____

List all losses from the past five years:

Producer remarks:

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. (Applicable to New York State Only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Applicant's Signature

Company Title

Date

Producer's Signature

Company Title

Date