

# 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)

Height of Pilings (from water line)      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:** \_\_\_\_\_