



**CENTURY
INSURANCE GROUP®**
MEMBER OF AMERITRUST GROUP
MARINA PACKAGE APPLICATION

Name of Assured: _____

Mailing Address: _____

City, State & Zip Code: _____

Survey Contact / Phone#: _____

Individual
 Partnership
 Corporation
 Other

Producer's Name: _____

Street Address: _____

City, State & Zip Code: _____

Number of years in business: _____ Proposed effective date: _____

List and describe any business owned, operated or managed by the assured, including any Lessor' s Risks:

Is the assured a subsidiary of any other entity and/or does the assured have any subsidiaries? No Yes

If " Yes", explain: _____

<u>Name of Current Carrier</u>	<u>Expiring Premium</u>	<u>Policy Expiration Date</u>	<u>Coverage Afforded</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any policy or coverage declined, canceled, or non-renewed during the past three years? No Yes

If "Yes", explain: _____

Locations:

1. _____
2. _____
3. _____
4. _____
5. _____

GENERAL INFORMATION

Locations

- 1. Completely fenced (6'+ high) and floodlighted:
- 2. Paid or volunteer local fireprotection?
- 3. Distances from local fire department stations?
- 4. Public fire hydrants - number and distance
- 5. Automatic / emergency fuel shutoff valve?
- 6. Watchman service after business hours?

1	2	3	4	5

COVERAGE REQUESTED

General Liability	Hull --	Rental Boats	Work Boats
Marina Operator Legal Liability Property	Protection & Indemnity --	Rental Boats	Work Boats
Piers, Wharves & Docks	Boat Dealer's Protection & Indemnity		
Inland Marine	Boat Dealer's Inventory P.D.		

- 1. PLEASE COMPLETE ALL APPLICABLE SECTIONS ON THE FOLLOWING PAGES FOR ALL COVERAGES BEING REQUESTED.
- 2. STATE NO, YES, OR N/A WHERE APPROPRIATE.
- 3. RECEIPTS, COMMISSION, PAYROLL & UNIT INFORMATION IS REQUIRED WHERE REQUESTED.

<u>Operation</u>	<u>Amount</u>	<u>Operation</u>	<u>Amount</u>
Repair Operations:	Payroll: \$ _____	Watercraft Brokerage:	Commission: \$ _____
	G.R.'s: \$ _____		G.R.'s: \$ _____
Mooring (buoys):	G.R.'s: \$ _____	Watercraft Sales (owned):	G.R.'s: \$ _____
Wet Slip Rental:	G.R.'s: \$ _____	Lessor's Risk:	G.R.'s: \$ _____
Dry Storage:	G.R.'s: \$ _____	Campground:	G.R.'s: \$ _____
Fueling:	Gallons: _____		# of Tents Sites: _____
	G.R.'s: \$ _____		# of RV Sites: _____
Hauling & Launching:	G.R.'s: \$ _____	Cabins:	G.R.'s: \$ _____
Ship's Store:	G.R.'s: \$ _____		# of Cabins: _____
Restaurant/Snack Bar:	G.R.'s: \$ _____	Motel /Hotel:	G.R.'s: \$ _____
Watercraft Rental:	G.R.'s: \$ _____		# of Rooms: _____

Other Operations Not Listed Above

Amount (Receipts; Commission; Payroll; Units)

1. _____
2. _____
3. _____

REPAIR OPERATIONS DETAILS

<u>Type of Watercraft Worked On:</u>	<u>Type of Work:</u>	<u>Describe Your Last 4 Jobs:</u>
Aluminum _____ %	Boiler _____ %	1. _____ 2. _____ 3. _____ 4. _____
Cement _____ %	Electrical _____ %	
Fiberglass _____ %	Engine _____ %	
Steel _____ %	Hull _____ %	
Wood _____ %	Painting _____ %	
Other _____ %	Welding _____ %	
	Gas _____ %	
	Freeing _____ %	
	Other _____ %	

1. Advise percentage of type of watercraft worked on last year:

Private Pleasure _____ %	Commercial _____ %
--------------------------	--------------------
2. Highest value of any one watercraft worked on last year: \$ _____
3. Describe any commercial watercraft work performed: _____

4. Do you work on any of the following?
 Jet Skis
 Cigar Boats
 High Performance Vessels

WET SLIP & MOORING OPERATIONS DETAILS

	Docks				
	1	2	3	4	5
1. Total number of rental slips available:					
2. Total number of rental buoys available:					
3. Total number of slips <i>not</i> available for rent:					
4. Total number of buoys <i>not</i> available for rent:					
5. Average total value of all watercraft moored:	\$	\$	\$	\$	\$
6. Maximum total value of all watercraft moored:	\$	\$	\$	\$	\$
7. Total number of slips under a common roof:					
8. Any live-aboard watercraft tenants?					

DRY STORAGE OPERATIONS DETAILS

Locations

	1	2	3	4	5
1. Max. number of watercraft stored at any one time					
2. Number of watercraft stored in summer:					
3. Number of watercraft stored in winter:					
4. Avg. total value of all watercraft stored:					
5. Maximum total value of all watercraft stored:					
6. Total number of watercraft stored inside a building on racks:					
7. If on racks, are vessels stacked more than four (4) high?					
8. Total number of watercraft stored inside a building <i>not</i> on racks:					
9. Is there a sprinkler system inside all watercraft storage buildings?					
10. Are any repair operations performed inside the watercraft storage building(s)?					
11. Total number of watercraft stored outside on racks:					
12. Total number of watercraft stored outside on jack stands:					

INLAND MARINE SECTION

<u>Loc. No:</u>	<u>Description</u>	<u>Serial No.</u>	<u>Limit</u>	<u>Deductible</u>
	Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC	Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$	\$
	Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC	Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$	\$
	Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC	Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$	\$
	Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC	Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$	\$

GENERAL LIABILITYSECTION

Liability Limits Requested	Option A	Option B	Option C
General Aggregate:	\$	\$	\$
Prod. - Co. Ops. Aggregate:	\$	\$	\$
Personal & Advertising Injury:	\$	\$	\$
Each Occurrence:	\$	\$	\$
Damage to Premises:	\$	\$	\$
Medical Expense (Any One Person)	\$	\$	\$

Explain all "Yes" responses

- | | | |
|--|-----------------------------|------------------------------|
| 1. Does the assured install, service, or demonstrate products? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Any foreign products sold, distributed, or used as components? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Any research & development conducted or new products planned? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Any guarantees, warranties, or hold harmless agreements? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Any products recalled, discontinued, or changed? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Any products of others sold or repackaged under assured's label? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Any of the assured's products under the label of others? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8. Any products manufactured? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9. Any medical facilities provided or doctors employed/contracted? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 10. Do any of assured's operations involve storing, treating, discharging, applying, Disposing, or transporting of any hazardous material? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 11. Has the assured sold, acquired, or discontinued any operations in the last 5 years? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 12. Any parking facilities owned or operated? Number of parking spaces? _____ | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 13. Does the assured charge a fee for parking? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 14. Any recreational facilities provided? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 15. Is there a swimming pool on the premises? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 16. Any sporting or social events sponsored by the assured? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 17. Any structural alterations to the premises contemplated? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 18. Any demolition exposures at the premises contemplated? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 19. Does the harbormaster or any other person(s) live on premises? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Explanations to any "Yes" responses above:

PROPERTY SECTION

Location No.: _____

Building No.: _____

<u>Subject of Insurance</u>	<u>Limits</u>	<u>Valuation</u>		<u>Coinsurance</u>		<u>Deductible</u>
Building	\$ _____	<input type="checkbox"/> ACV	<input type="checkbox"/> RC	<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	\$ _____
Contents:	\$ _____	<input type="checkbox"/> ACV	<input type="checkbox"/> RC	<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	\$ _____
Other:	\$ _____	<input type="checkbox"/> ACV	<input type="checkbox"/> RC	<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	\$ _____
_____	\$ _____	<input type="checkbox"/> ACV	<input type="checkbox"/> RC	<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	\$ _____
_____	\$ _____	<input type="checkbox"/> ACV	<input type="checkbox"/> RC	<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	\$ _____

Year Built: _____ How is this building used by the assured? _____

Construction Type: _____ Protection Class: _____

Total Area: _____ No. of Stories: _____

Building Improvements: _____ Other Occupancies: _____

Updates:

Wiring Updated (year): _____ Heating Updated (year): _____

Roofing Updated (year): _____ Plumbing Updated (year): _____

Burglar Alarm: No Local CSA Sprinklered: No Yes -Type: _____

Fire Alarm: No Local CSA

Coinsurance

Monthly Limit of Indemnity

Business Interruption: \$ _____ 80% 90% _____

***Complete the section above for each location and/or building for which coverage is requested.
You may attach a separate schedule with the required information.***

PIERS, WHARVES & DOCKS SECTION
(Must Provide a Diagram of the Docks/Piers)

Docks

	1	2	3	4	5
1. Is this a Dock, pier, or other (if other what is it)?					
2. Is it covered or open					
3. Insured value of structure	\$	\$	\$	\$	\$
4. Insured value for electrical	\$	\$	\$	\$	\$
5. Insured value for plumbing	\$	\$	\$	\$	\$
6. Floating or fixed?					
7. If floating, how high do pilings extend above decking at normal high tide					
8. If floating, and not on pilings, how is the dock anchored?					
9. If floating, indicate type of flotation device/materials - if foam is it encapsulated?					
10. Age of decking/surface walkways					
11. Age of pilings or anchor system					
12. Age of wiring					
13. Age of flotation					
14. Indicate typed of construction (wooden, composite, aluminum, concrete...)					
15. Indicate type of mooring devices					
16. Indicate any deicing or water agitator system					
17. Is dock removed from water any time of the year					
18. Does this dock have a fueling station/pump?					

Describe the maintenance program: _____

Describe the firefighting capabilities: _____

When was the electrical system last inspected by a licensed electrician? _____

PROTECTION & INDEMNITY/ HULL SECTION

Rental Boats: No Yes How many? _____

Work Boats: No Yes How many? _____

Other Owned Boats: No Yes How many? _____

Boat Dealers P&I: No Yes How many demonstrations per year? _____

Indicate the following for each ***rental boat***

	<u>Year Built & Hull ID Number</u>	<u>Length</u>	<u>Make</u>	<u>Number of Engines & Horsepower</u>	<u>Value</u>
<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$
<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$
<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$
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<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$
<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$
<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$

Indicate the following for each work boat and other owned boats (excluding boats for sale)

Type	Year Built & Hull ID Number	Length	Make	Number of Engines & Horsepower	Value
<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$
<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$
<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$
<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$
<input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Ski Boat <input type="checkbox"/> Fish Boat <input type="checkbox"/> Houseboat					\$

BOAT DEALER PHYSICAL DAMAGE SECTION

Locations

1. Any one watercraft while at a scheduled location:
2. Any one watercraft during transit within 50 miles of a scheduled location:
3. Any one watercraft while on exhibit at watercraft shows:
4. Any one accident or occurrence with respect to accessories & supplies in inventory at the scheduled location:
5. Any one accident or occurrence for a scheduled location:
6. Average in building monthly values:
7. Maximum in building monthly values:
8. Average outside open area monthly values:
9. Maximum outside open area monthly values:
10. Average in-water monthly values:
11. Maximum in-water monthly values:

	1	2	3	4	5
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

12. Manufactures & types of watercraft, motors & trailers sold:

Power: _____

PWC: (jet skis, wave runners, etc.) _____

Sail: _____

Motors: _____

Trailers _____

13. Average & maximum distance any one watercraft delivered by land: _____

14. Average & maximum distance any one watercraft delivered by water: _____

15. Average & maximum number of boat shows annually: _____

16. Average & maximum number of watercraft at any one boat show: _____

17. Maximum limit required at any one boat show: \$ _____

18. Watercraft transported by: Common Carrier Assured's Vehicles

19. Any high performance/ high speed watercraft demonstrated: Yes No

20. Average & maximum distance watercraft delivered any one way: _____

21. Maximum speed any one watercraft is demonstrated: _____

22. Where are watercraft demonstrated: _____

23. Average & maximum distance watercraft are demonstrated from shoreline: _____

24. Average & maximum distance watercraft are demonstrated from scheduled dealership locations: _____

25. Are all watercraft to be demonstrated properly outfitted as per the manufacturer's specifications & in complete compliance with USCG regulations? Yes No

FOR ALL SECTIONS

Any losses in the past 5 years? No Yes If "Yes" advise to the following:

<u>Claim Details (date; cause; open or closed; etc.)</u>	<u>Amount Paid / Amount in Reserve</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. THIS APPLICATION DOES NOT BIND ANY OF THE PARTIES TO COMPLETE THE INSURANCE TRANSACTION.

Signature _____ Printed Name _____ Title _____ Date _____

Agent Signature _____ Printed Name _____ Title _____ Date _____