



MARINA/BOAT DEALER'S PACKAGE APPLICATION

Named Insured: _____

Contact Person for Inspection and Telephone Number: _____

Mailing Address: _____

Year Business Started: _____

Website: _____

Other Named Insureds: _____

Policy Period From: _____ To: _____

ACCOUNT DETAILS

Scheduled Locations

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

List and Describe Business Owned, Operated or Managed by the Insured, Including any Lessor's Risk: _____

Is the Insured a Subsidiary of any Other Entity or Does the Insured Have any Subsidiaries? Yes No

If Yes, Please Describe: _____

COVERAGES REQUESTED

Marina Operators	Property Insurance	Employee Benefit Liability
Protection and Indemnity	Equipment/Tools	False Pretense
General Liability	Owned Watercraft	Truth in Lending Act Liability
Boat Dealers	Liquor Liability	Title Error and Omissions
Piers, Wharves and Docks	Hired/Non-Owned Auto	Employee Dishonesty

Please Complete Applicable Sections on the Following Pages for All Coverages Requested. Receipts and Sales Information is Required.

Gross Receipts		Sales
Mooring \$	Other MOLL Receipts \$	Boat Sales \$
Storage \$	All Other Receipts* \$	Ship Store Sales \$
Repair \$	Total Receipts \$	Other Sales** \$
Fueling \$		Total Sales \$

* Please Identify Source of Other Receipts: _____

** Please Identify Source of Other Sales: _____

GENERAL INFORMATION

Protection at Locations <i>Please answer Yes or No</i>	Locations					
	1	2	3	4	5	6
U/L Certified Central Station Alarm						
Watchman Service After Business Hours*						
Alarm with Outside Gong or Siren						
Completely Fenced and Floodlighted						
Automatic/Emergency Fuel Shutoff Valve						

* Describe Nature and Extent of Watchman at Each Location: _____

Fire Protection	Locations					
	1	2	3	4	5	6
Paid or Volunteer						
Distance from Location(s)						
Public Fire Hydrants – No. and Distance						
Public Fire Mains – Size and Pressure						
Automatic/Emergency Fuel Shutoff Valve						

Describe any Private Fire Protection at Each Location: _____

MARINA OPERATOR'S LIABILITY

Limits Requested:

Any One Vessel: _____

Any One Accident or Occurrence: _____

Deductible Requested: _____ (Minimum \$1,000)

Docking and Mooring	Locations					
	1	2	3	4	5	6
Slips Available for Rent						
Buoys Available for Rent						
Average Value of Yachts						
Maximum Value of Yachts						
Any Slips Under a Common Roof						

Describe Type of Heavy Lift Equipment and Indicate Lifting Capacity: _____

Storage*	Locations					
	1	2	3	4	5	6
Maximum Number of Yachts Stored at any Time in the Past Year						
Number Stored in Summer						
Number Stored in Winter						
Average Value of Yachts						
Maximum Value of Yachts						

Are Yachts Stored Afloat Between 12/1 and 4/1? Yes No
 Are Yachts Stored Inside a Building? Yes No If Yes, are They on Racks? Yes No
 Type of Building Construction: _____
 Sprinkler System: Yes No
 Fire Rate: _____
 Are Yachts Stored Outside on Racks? Yes No If Yes, How Many? _____
***If You Provide any Storage a Copy of the Storage Agreement is Required for Coverage to Apply.**

Repair Operations

Type of Vessels: _____
 Type of Work: _____
 Highest Value of any One Yacht Repaired Last Year: _____
 Describe any Commercial Ship Repair Work Done and Provide Receipts: _____

 Receipts (Non-Commercial) Past 12 Months: _____

PROTECTION AND INDEMNITY

Sections Applicable

Marina Operators: Yes No
 Boat Dealers: Yes No
 Work Boats: Yes No How Many? _____
 Make, Year Built, Length and Horsepower of Each: _____
 Describe Operation: _____
 Rental Boats: Yes No How Many? _____
 Make, Year Built, Length and Horsepower of Each: _____
 Describe Operation: _____
 Other Owned Boats Excluding Boats for Sale: Yes No How Many? _____
 Make, Year Built, Length and Horsepower of Each: _____
 Describe Operation: _____
 Limit Requested: _____
 For Owned Watercraft, are Crew Covered Yes No If Yes, Number of Crew: _____

GENERAL LIABILITY

Limits Requested (Choose One)	Option A	Option B	Option C
General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000
Products-Completed Ops Aggregate	\$1,000,000	\$500,000	\$300,000
Personal and Advertising Injury	\$1,000,000	\$500,000	\$300,000
Each Occurrence	\$1,000,000	\$500,000	\$300,000
Fire Damage (Any One Fire)	\$100,000	\$100,000	\$100,000
Medical Expense (Any One Person)	\$5,000	\$5,000	\$5,000

Products Sold

Products Sold (Ex Boats and Ship Stores)	Annual Sales	Number of Units	Intended Use

Does Applicant Install, Service or Demonstrate Products? Yes No
 If Yes, Explain: _____

Foreign Products Sold, Distributed or Used as Components? Yes No
 If Yes, Explain: _____

Research and Development Conducted or New Products Planned? Yes No
 If Yes, Explain: _____

Guaranties, Warranties, Hold Harmless Agreement? Yes No
 If Yes, Explain: _____

Products Recalled, Discontinued, Changed? Yes No
 If Yes, Explain: _____

Products of Others Sold or Repackaged Under Applicant's Label? Yes No
 If Yes, Explain: _____

Products Under Label of Others? Yes No
 If Yes, Explain: _____

Vendors Coverage Required? Yes No
 If Yes, Explain: _____

Does any Named Insured Sell to Other Named Insured? Yes No
 If Yes, Explain: _____

Products Manufactured? Yes No
 If Yes, Explain: _____

Additional Interests/Certificate Recipients – Please Attach Literature, Brochures, Labels, Warnings, Etc.

Name and Address	Interest	Certificate

General Information

Any Medical Facilities Provided or Doctor Employed/Contracted? Yes No
 If Yes, Explain: _____

Any Exposure to Radioactive/Nuclear Material? Yes No
 If Yes, Explain: _____

Do Operations Involve Storing, Treating, Discharging, Applying, Disposing or Transporting of Hazardous Material? Yes No
 If Yes, Explain: _____

Any Operations Sold, Acquired or Discontinued in Last 5 Years? Yes No
 If Yes, Explain: _____

Any Parking Facilities Owned/Operated? Yes No Number of Parking Spaces: _____
 If Yes, Explain: _____

Is a Fee Charged for Parking? Yes No
 If Yes, Explain: _____

Recreation Facilities Provided? Yes No
 If Yes, Explain: _____

Is There a Swimming Pool on the Premises? Yes No
 If Yes, Explain: _____

Sporting or Social Events Sponsored? Yes No
 If Yes, Explain: _____

Any Structural Alterations Contemplated? Yes No
 If Yes, Explain: _____

Any Demolition Exposure Contemplated? Yes No
 If Yes, Explain: _____

Does Harbor Master or any Other Person(s) Live on Premises? Yes No
 If Yes, Explain: _____

Remarks: _____

BOAT DEALER'S INSURANCE

Limits Requested:
 Any One Vessel: _____
 Any One Accident or Occurrence: _____

Deductible Each Occurrence at Each Location: _____ (Minimum \$1,000)

Types of Boats Sold and Manufacturer: _____

Any High Performance Boats Sold? Yes No
 Any Personal Watercraft or Jet Skis Sold? Yes No
 Any Snowmobiles Sold? Yes No

	Location	Last Inventory Date *	Prior Inventory Date *	Average Monthly Inventory
Building 1	Open Area			
	In Water			
Building 2	Open Area			
	In Water			
Building 3	Open Area			
	In Water			
Building 4	Open Area			
	In Water			
Building 5	Open Area			
	In Water			
Building 6	Open Area			
	In Water			

* Should be Six Months from Prior Inventory Date

Transit Exposure

Any Boats Delivered from Manufacturer at Insured's Risk? Yes No
 If Yes, How are They Delivered? _____
 Maximum Value any One Boat: \$ _____ Maximum Value any One Delivery: \$ _____
 Any Boats Delivered by Water to the Insured? Yes No
 If Yes, from Where? _____
 Total Value of Boats Delivered by Insured During the Past Year: \$ _____
 By Public Carrier: _____
 By Applicant's Vehicle: _____
 Average Distance Boats are Transported: _____ Maximum Distance: _____
 Number of Boats Delivered to Purchaser by Water: _____
 Average Distance: _____ Average Value: _____

Boat Shows

Number of Boats Shows Annually: _____ Number of Boats Each Show: _____
 In the Water or on Land: _____
 Maximum Dollar Limit any One Show: \$ _____
 Average Distance to Show: _____ Maximum Distance to Show: _____
 Transported by Common Carrier or Own Vehicle: _____

Demonstrations

Maximum Value any One Boat: _____
 Maximum Miles Per Hour any One Boat: _____
 Is Boat Under Command of Competent Employee? Yes No
 Are Demonstrators Equipped with Full Complement of US Coast Guard Required Safety Equipment? Yes No

PIERS, WHARVES AND DOCKS

Indicate Valuation: 90% Replacement Cost 80% Actual Cash Value
 Deductible Requested: (\$1,000 Minimum)

Piers, Wharves and Docks	Locations					
	1	2	3	4	5	6
Number of Floating Docks						
Number of Fixed Piers						
Insured Value of Floating Docks						
Insured Value of Piers						

Draw or Attach a Diagram of the Docks and Piers if Available
 Describe Floating Docks and Piers: _____
 Type of Construction: _____
 Type of Flotation Devices: _____
 Type of Mooring Devices: _____
 Age of Docks: _____ Age of Piers: _____
 Any Slips Open or Covered? Yes No Number of Open: _____ Number of Covered: _____
 Describe Maintenance Program: _____
 Describe Firefighting Capabilities: _____

PROPERTY INSURANCE

ACORD PROPERTY APPLICATIONS MAY BE USED INSTEAD

Premises Information

Location #: _____ Building #: _____ Year Built: _____ Occupancy: _____
Indicate Valuation: 80% ACV 90% Replacement Cost
Building Limit: \$ _____ Contents Limit: \$ _____
Deductible Requested: \$ _____ (Minimum \$500)
Construction: _____ Protection Class: _____ RCP Code: _____
Sprinklers: Yes No Basement: Yes No Total Area: _____
How is Building Used by the Insured? _____
Burglar Alarm: Yes No If Yes, Describe: _____
Building Improvements: _____
Wiring Year: _____ Heating Year: _____ Roofing Year: _____ Plumbing Year: _____ Number of Stories: _____
Business Income & Extra Expense Coverage Requested Limit: \$ _____ Coinsurance 80%

Premises Information

Location #: _____ Building #: _____ Year Built: _____ Occupancy: _____
Indicate Valuation: 80% ACV 90% Replacement Cost
Building Limit: \$ _____ Contents Limit: \$ _____
Deductible Requested: \$ _____ (Minimum \$500)
Construction: _____ Protection Class: _____ RCP Code: _____
Sprinklers: Yes No Basement: Yes No Total Area: _____
How is Building Used by the Insured? _____
Burglar Alarm: Yes No If Yes, Describe: _____
Building Improvements: _____
Wiring Year: _____ Heating Year: _____ Roofing Year: _____ Plumbing Year: _____ Number of Stories: _____
Business Income & Extra Expense Coverage Requested Limit: \$ _____ Coinsurance 80%

Premises Information

Location #: _____ Building #: _____ Year Built: _____ Occupancy: _____
Indicate Valuation: 80% ACV 90% Replacement Cost
Building Limit: \$ _____ Contents Limit: \$ _____
Deductible Requested: \$ _____ (Minimum \$500)
Construction: _____ Protection Class: _____ RCP Code: _____
Sprinklers: Yes No Basement: Yes No Total Area: _____
How is Building Used by the Insured? _____
Burglar Alarm: Yes No If Yes, Describe: _____
Building Improvements: _____
Wiring Year: _____ Heating Year: _____ Roofing Year: _____ Plumbing Year: _____ Number of Stories: _____
Business Income & Extra Expense Coverage Requested Limit: \$ _____ Coinsurance 80%

LIQUOR LIABILITY

Limits of Insurance Requested: Each Occurrence/Aggregate: \$ _____

Does Applicant Have a Liquor License? Yes No If Yes, Give Type: _____

Does Applicant Sell Package Goods? Yes No

Are Employees Given Liquor Training? Yes No

If Yes, Describe Type of Training: _____

Does Applicant Have a Written Policy for Employees on Serving Alcohol to Customers? Yes No

Is Management Notified Prior to Shutting Off Customers? Yes No

Is Document Kept on Each Incident? Yes No

Is There a Happy Hour? Yes No Reduced Price Drinks? Yes No

Is Last Call Given? Yes No If Yes, at What Time? _____

Are Shots Given? Yes No

Have There Been any Liquor Board Violations? Yes No

HIRED/NON-OWNED AUTO LIABILITY

Does Applicant Own any Autos? Yes No

Does Applicant Allow Use of Personal Cars for Business Use? Yes No

How Frequently? _____

Are the Same Drivers/Officers Usually Used? Yes No

Are MVRs Checked Annually? Yes No

Does Applicant Require Proof of Personal Insurance? Yes No

What Limits are Required? _____

Number of Employees Who Use Their Personal Cars: _____

Number of Underage Drivers (<25 Years): _____

EMPLOYEE BENEFITS LIABILITY

Limits of Insurance Requested: Each Employee: \$ _____ Aggregate (\$1,000,000 max): \$ _____

Employee Benefit Programs Which are Automatically Covered without Being Specifically Listed:

Group Life Insurance, Group Accident or Health Insurance, Profit Sharing Plans, Pension Plans, Stock Subscriptions Plans, Unemployment Insurance, Social Security Benefits, Workers' Compensations and Disability Benefits.

List any Other Types of Plans for Which Coverage is Desired: _____

Number of People Employed by Applicant: _____

Retroactive Date: _____

Number of Employees Covered by Employee Benefit Plans: _____

Does Applicant Maintain a Department or Unit to Administer Employee Benefits and Answer Questions and Advise Employees Concerning the Plans? Yes No

On Programs Permitting Employees an Option to Enroll or Not to Enroll, Does the Applicant Require a Signed Acceptance or Rejection from Each Employee? Yes No

If Applicant's Employee Pension Plan and/or Profit Sharing Plan is/are Funded with a Financial Institution, Provide Details Regarding its Administration: _____

FALSE PRETENSE

Limits of Insurance: \$25,000 \$50,000

Describe All Customer Screening Practices (Identification Check, Credit Check, Title Check on Used Boats and Trade-Ins, Loan Verification, Etc.): _____

Does Salesman Accompany All Potential Customers on All Test Drives? Yes No

TRUTH IN LENDING ACT LIABILITY COVERAGE

Limits of Insurance: \$25,000 \$50,000 \$100,000 \$300,000

Does Dealer Monitor Odometer Reading at Time of Purchase or Sale? Yes No

Does Dealer Have Written Procedures for Handling Credit Disclosures with Specific Individuals Trained to Handle/Oversee Credit Applications to Ensure Compliance with Federal/State Consumer Credit Laws/Regulations? Yes No

TITLE ERROR AND OMISSIONS COVERAGE

Limits of Insurance: \$25,000 \$50,000 \$100,000

Does Dealer Have Written Procedures for Handling Titles Including Listing Proper Loss Payees? Yes No

EMPLOYEE DISHONESTY

Optional Limits of Insurance: \$25,000 \$50,000

Deductible Requested (required): \$250 \$500 \$1,000

Total Number of Employees, Including Officers and Directors: _____

Total number of Cashiers/Bookkeepers/Clerks: _____

Are References Required on Newly Hired Employees? Yes No

Is There an Audit by: CPA Public Accountant Staff Other

Audit Frequency: Annually Semi-Annually Quarterly Other

Does Audit Include Inventory? Yes No

Audit is Rendered to: Manager Board of Directors Other

Does Someone Not Authorized to Deposit or Withdraw Reconcile Bank Accounts? Yes No

Is Countersignature of Checks Required? Yes No If No, Who Signs? _____

Will Securities be Subject to Joint Control of Two or More Responsible Employees? Yes No

Are all Officers and Employees Required to Take Annual Vacations of at Least 5 Consecutive Business Days? Yes No

MORTGAGEES/LOSS PAYEES

Name and Address: _____

Interest: _____

Coverage Section(s) Applicable: _____

Location: _____

Name and Address: _____

Interest: _____

Coverage Section(s) Applicable: _____

Location: _____

Name and Address: _____

Interest: _____

Coverage Section(s) Applicable: _____

Location: _____

PREMIUM AND LOSS HISTORY

Year	Premiums Paid	Losses Paid	Outstanding	Number of Claims

HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.

SPECIAL INFORMATION

Present Insuring Company: _____ Provide Copies of Current Policies if Available.

Has any Company Ever Cancelled Insurance for This Owner? Yes No

If Yes, with What Company and on What Terms? _____

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 ISR 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 insurance.

Any persons 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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____



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