



YACHT CLUB/SAILING SCHOOL 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. _____

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

List Operations Sold, Acquired or Discontinued in the Last 5 Years: _____

List all Club Affiliations, i.e., U.S. Sailing Association, etc.: _____

Number of Active/Due Paying Memberships: _____

Number of Slips or Moorings: _____

Activity	Receipts	Activity	Sales
Dry Storage***	\$	Restaurant Food*	\$
Repairs	\$	Alcohol	\$
Fueling	\$	Other Sales/Receipts**	\$

* Include any minimum charge/fee assessed for restaurant use.

** Identify source. Do not include membership dues and assessments.

*** Excluding winter storage fees for boats at slips/moorings during season.

Source of Other Sales/Receipts	Amount of Sales/Receipts
	\$
	\$
	\$

PREMISES INFORMATION

Are Club Facilities Rented to Others for Weddings, Receptions, Meeting etc? Yes No

If Yes, Describe: _____

Does Club Rent Space (land or building) to Others? Yes No

If Yes, Describe: _____

Describe all Activities Other Than Those Related Directly to Boating/Yachting i.e. Tennis Court, Golf Course, etc.:

Any Medical Facilities Provided or Doctor Employed/Contracted? Yes No

Any Parking Facilities Owned/Operated? Yes No Any Off Premises Parking? Yes No

Any Valet Parking? Yes No Is a Charge Made? Yes No Receipts: \$ _____

Does Harbor Master or Other Person(s) Live on Premises? Yes No

Are There any Guest Rooms or Cottages? Yes No

Any Demolition Exposure Contemplated? Yes No

If Yes, Explain: _____

Any Structural Alterations Contemplated? Yes No

If Yes, Explain: _____

PRODUCT EXPOSURE

Describe any Product Liability Exposure Other Than Restaurant or Club Store: _____

Are Products of Others Sold or Repackaged Under Applicant's Label? Yes No

If Yes, Explain: _____

Products Recalled, Discontinued or Changed? Yes No

If Yes, Explain: _____

Any Products Manufactured? Yes No

If Yes, List and Describe Products: _____

RECREATIONAL EXPOSURE

Swimming Pool or Bathing Beach

Is There a Swimming Pool or Bathing Beach on Premises? Yes No

Is There a Fence Surrounding the Pool? Yes No

Does it Have a Self-latching and Closing Gate? Yes No

Is the Gate Locked When the Pool is not Open? Yes No

Are Depth Markings on the Side and Walking Surface of the Pool? Yes No

Is There a Diving Board? Yes No

What is the Depth of the Pool? _____

Are Rules Posted for the Usage of the Pool? Yes No

Is a Certified Lifeguard Provided? Yes No On Duty at all Times When the Pool is Pen? Yes No

Is Lifesaving Equipment Available in the Pool Area? Yes No

Are all Electrical Outlets Protected by Ground Fault Interrupters? Yes No

Any Public Use of Pool Permitted? Yes No

If Yes, Explain: _____

Sailing School or Boat Courses

Are Sailing School or Boat Courses Provided? Yes No

If Yes, Enter Receipts: _____

Description of Schools or Courses Offered - *You may attach brochures or additional sheets if necessary.*

School/Course Name	# of Times Offered Per Year	# of Students Per Course	# of Instructors	Instructor Qualification Requirements	How Long has Club Been Operating Course

Are Parental Consent Forms Obtained for all Children Enrolling in the School or Course? Yes No

Are all Participants Required to Wear Life Jackets at all Times While on the Water? Yes No

Is There a Motorized Boat in the Water at all Times When Participants are on the Water? Yes No

Does the Club Use Only Boats Owned by the Club for the Schools or Courses? Yes No

If No, List Boats Used: _____

Any Other recreational Facilities or Equipment Other than Watercraft Provided i.e. Golf, Tennis, Bicycle Rental? Yes No

If Yes, Describe: _____

List Regattas and Other Boating Events Sponsored or Hosted by the Club: _____

List Receipts: _____

List any Social Events Sponsored or Hosted by the Club: _____

RESTAURANT/SNACK BAR EXPOSURE

Restaurant/Snack Bar Receipts (excluding alcohol): \$ _____

Is Alcohol Served? Yes No Receipts: \$ _____

Is Alcohol Service Limited to Beer and Wine? Yes No

Is Table Service Provided? Yes No

What is the Seating Capacity? _____

On or Off Premises Catering/Banquet Exposure? Yes No Percentage of Total Receipts: _____

Does Restaurant Operate Year Round? Yes No

If No, Explain: _____

Is Entertainment (band/DJ) Provided? Yes No

Is There a Dance Floor? Yes No

Number of Employees in Restaurant: _____

Is Restaurant Open to the Public? Yes No

Restaurant Fire Protection:

U.L. 300 Approved Automatic Extinguishing System Under Maintenance Care? Yes No

Does Above System Cover all Cooking Surfaces? Yes No

Automatic Gas or Electric Shutoffs for Cooking? Yes No

Hoods and Ducts over all Cooking Surfaces? Yes No

Hoods and Filters Cleaned Weekly by Staff? Yes No

BC&K Extinguishers Available in Kitchen? Yes No

Hoods and Ducts Under Maintenance Contract? Yes No

PROTECTION AND INDEMNITY

Indicate Which of the Following Apply to the Club:

Launch/Work/Utility Yes No How Many? _____
 Non-powered Boats* Yes No How Many? _____
 Powered Boats** Yes No How Many? _____
 Other Owned Boats Yes No How Many? _____

* Sailing prams, canoes, kayaks, etc.

** Auxiliary powered sailboats and other powered boats except launches, work or utility/maintenance boats.

For all Owned Boats Complete the "Schedule of Owned Watercraft" on page 6 of This Application.

On Owned Watercraft, is Crew to be Covered? Yes No Number of Crew: _____

Describe Operations of all Rental/Club/Fleet/Class or Other Owned Boat Operations: _____

MARINA OPERATOR'S LIABILITY

Docking and Mooring	Locations		
	1	2	3
Number of Slips Available			
Number of Slips Under Common Roof			
Number of Moorings Available			
Average Value of a Yacht	\$	\$	\$
Maximum Value of a Yacht	\$	\$	\$

Dry Storage*	Locations		
	1	2	3
Max Number of Yachts Stored at any Time in the Past Year			
Number Stored in Summer			
Number Stored in Winter			
Average Value of a Yacht	\$	\$	\$
Maximum Value of a Yacht	\$	\$	\$

Are Yachts Stored Afloat Between 12/1 and 4/1? Yes No

Are Yachts Stored Inside a Building? Yes No How Many? _____

Are They on Racks? Yes No

Sprinkler System? Yes No

Type of Building Construction: _____

Are Yachts Stored Outside on Racks? Yes No If Yes, How Many? _____ How High? _____

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

*** If you provide any storage, please provide a copy of the storage agreement.**

Any Boat Repair Operations Performed by the Club on Boats other Than Their Own Boats? Yes No

Type of Work Performed: _____

LIMITED POLLUTION LIABILITY

Are There any Fueling Operations Conducted at any Scheduled Locations? Yes No

If Yes, Describe: _____

Is any Waste Oil, Fuel or Other Pollutants Collected, Stored or Disposed of by the Club? Yes No

If Yes, Describe: _____

Premises Information: ISO Protection Class

Location #: _____ Building #: _____ Year Built: _____ Occupancy: _____
Construction: _____ Sprinklers: Yes No Total Area: _____
Building Limit: \$ _____ Contents Limit: \$ _____
Business Income & Extra Expense: \$ _____ Coinsurance 80%

Premises Information: ISO Protection Class

Location #: _____ Building #: _____ Year Built: _____ Occupancy: _____
Construction: _____ Sprinklers: Yes No Total Area: _____
Building Limit: \$ _____ Contents Limit: \$ _____
Business Income & Extra Expense: \$ _____ Coinsurance 80%

LIQUOR LIABILITY

Limits of Insurance Requested: Each Occurrence/Aggregate: \$ _____
Does Club Have a Liquor License? Yes No If Yes, Give Type: _____
Does Club Sell Package Goods? Yes No
Are Employees Given Liquor Training? Yes No
If Yes, Describe Type of Training: _____
Does Club 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 Club Own any Autos? Yes No
Does Club 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 Club 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 Club: _____

Retroactive Date: _____

Number of Employees Covered by Employee Benefit Plans: _____

Does Club 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 Club Require a Signed Acceptance or Rejection from Each Employee? Yes No

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

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

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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