
Name of Applicant: _____

Mailing Address: _____

Business Address (if different than above): _____

Inspection (Contact/Phone): _____ Years in Business under present ownership? _____

Proposed Effective Dates of Coverage: From: _____ To: _____

COVERAGES APPLIED FOR:

- Boatyards/Marina Operators Pollution Liability
- Restaurant Owners Pollution Liability Condominium
- Owners Pollution Liability

Also, please include ACORD 125 (information section).

GENERAL INFORMATION

1. Location(s) A. _____
B. _____
C. _____

2. Protection: Lights Fully Fenced Watchman Service Breakwater Alarm System Other _____

3. Location of risk relative to large body of water:

LOSS INFORMATION

1. Describe any incidents of pollution within the past three years including the amount paid:

2. What action has been taken to prevent future occurrences?

3. Present Insurance Carrier: _____ Limit(s): _____

4. Any policy coverage declined, canceled or non-renewed? Yes No

If yes, please explain:

Marina Pollution Liability

Coverage 1. Limits desired:

\$1,000,000

\$5,000,000

Gross sales last 12 months (all locations combined): \$ _____

Gross sales at Location 1: \$ _____ Location 2: \$ _____

Location 3: \$ _____

WATERFRONT OPERATIONS

1. Operations that are provided: Repair Storage Docking & Mooring Fueling
Hauling Out & Launching Restaurant slips Other (Specify): _____

2. Boat Repair:

A. Describe repair services offered: _____

B. Type of vessels repaired? _____

C. Do owners repair their own vessels? _____ Any repairs sub-contracted? _____

D. Gross Receipts from Repairs last two years: \$ _____; \$ _____

3. Boat Storage:

A. Number of vessels stored? Inside buildings _____; Outside on land _____; in water _____

B. Describe buildings used for winter storage: _____

C. On Cradles/Jack-Stands % In Racks % On Trailers % "Hold Harmless" Agreements obtained? Yes No

D. Gross Receipts from Storage last two years: \$ _____; \$ _____

4. Docking And Mooring for a Marina, Waterfront Condominium and/or Restaurant slips:

A. Number of slips available: _____ Open? _____ Covered? _____ Number of moorings available: _____

B. Distance from docks to fueling area: _____

C. Gross Receipts from Docking and Mooring last two years: \$ _____ \$ _____

5. Fueling of vessels:

A. Who does fueling? Marina Employee: _____ or Boat owner: _____

B. Fire Extinguishers present? _____ Recently tagged and weighed? _____ Emergency fire procedure in place? Yes No

C. Gross Receipts from Fueling last two years: \$ _____ \$ _____

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.

AGENT: _____

Agency # _____

Applicant's Signature: _____

PLEASE ATTACH SITE DIAGRAM