

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Website: \_\_\_\_\_  
Total Number of Years in Business: \_\_\_\_\_  
Desired Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_  
Applicant's Tax ID/SSN: \_\_\_\_\_  
Applicant is:      Individual      Partnership      Corporation

**PRODUCER INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Producer Code: \_\_\_\_\_  
Quote Needed by: \_\_\_\_\_  
LLC      Other (Describe): \_\_\_\_\_

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Locations of Premises (If different than above): \_\_\_\_\_

Does the insured lease any marina slips at this location?      No      Yes

If yes, please give details and attach copy of lease agreement:

\_\_\_\_\_  
\_\_\_\_\_

Give information regarding insured's experience operating vessels, sizes, types, USCG licenses held:

\_\_\_\_\_  
\_\_\_\_\_

Type, size, average and maximum value of vessels listed:

\_\_\_\_\_  
\_\_\_\_\_

Please provide a copy of the insured's brokerage agreement. Does the applicant enter into contractual agreements other than those normal to the industry?      No      Yes If yes, provide details and copies of contracts:

\_\_\_\_\_  
\_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_

Current Premiums (i.e. Deposit & Adjustment rate): \_\_\_\_\_ Limit of Liability & Deductible required: \_\_\_\_\_

Has any policy or coverage been declined, cancelled or non-renewed during the past five years:      No      Yes If yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_

Actual Brokerage commissions from the past 12 months: \$ \_\_\_\_\_

Estimated Brokerage commission for the next 12 months: \$ \_\_\_\_\_

Combined Single Limit      Separate Limits      – please complete the following sections if separate limits are requested

**MARINA OPERATORS LEGAL LIABILITY**

Check if coverage is desired      Yes      No

Types of work performed:      Engine      Detailing      Fiberglass      Electronics  
Shrink Wrap      Canvas      Upholstery      Welding (please provide details of work done)  
Other (please specify) \_\_\_\_\_

**YACHT BROKERS LEGAL LIABILITY**

Check if coverage is desired      Yes      No

Yacht Brokers Extension Endorsement      Yes      No

**PROTECTION AND INDEMNITY (\$2000 MEDICAL PAYMENTS INCLUDED)**

Check if coverage is desired      Yes      No

**MOBILE EQUIPMENT (attach supplemental schedule if more than 3 items)**

List all equipment to be insured hereunder:

YEAR	MAKE	MODEL	SERIAL #	VALUE
				\$
				\$
				\$

**TOOLS**

Tools: Max any one item: \$ \_\_\_\_\_ Total Value \$ \_\_\_\_\_ Deductible (\$250 minimum) \$ \_\_\_\_\_

**WORKBOATS**

Description of boats to be insured:

AGE	LENGTH	MANUFACTURER	SERIAL #	H.P.	VALUE
					\$
					\$
					\$

Describe usage of vessels: \_\_\_\_\_

Any passenger carrying vessels?      Yes      No

Navigation Area: \_\_\_\_\_

Lay-Up: From: \_\_\_\_\_ To: \_\_\_\_\_

Deductible (\$250 minimum) \$ \_\_\_\_\_

Protection and Indemnity Limit required? \_\_\_\_\_

Are revenues generated from other than the marine operations described above?      No      Yes      If yes, provide details: \_\_\_\_\_

Number of vessels sold in the past 12 months: \_\_\_\_\_

Average number of showings per vessel sold: \_\_\_\_\_

List all losses from the past five years:

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Producer remarks:

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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. (Applicable to New York State Only.)

*Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.*

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Applicant's Signature

Company Title

Date

Producer's Signature

Company Title

Date