



PLEASE INCLUDE COMPLETED AND SIGNED ACORD COMMERCIAL APPLICATION,  
GENERAL LIABILITY APPLICATION, AND PROPERTY APPLICATION FORMS

1. NAMED INSURED: \_\_\_\_\_

2. PHYSICAL LOCATION of property: \_\_\_\_\_

with reference to nearest body of water or launch site: \_\_\_\_\_

3. OPERATIONS at insured premises (Coverage limited to operations described in applications)

<u>OPERATION</u>	<u>GROSS RECEIPTS PRIOR YR</u>	<u>EST.CURRENT YR</u>
<b>HULL REPAIRS</b> <i>(Please advise any major refit or redesign)</i>	\$	\$
<b>ENGINE:</b>		
Gas engine work (%)	\$	\$
Diesel engine work (%)	\$	\$
Certified by diesel manufacturer? _____ By Whom? _____ (copy of certification is required)		
<b>INTERIOR CAPRENTRY:</b>	\$	\$
<b>ELECTRONICS:</b> (equip. sales plus labor)	\$	\$
<b>DETAILING:</b>		
No refinishing ops	\$	\$
With refinishing ops	\$	\$
<b>CANVAS:</b>	\$	\$
<b>UPHOLSTERY:</b>	\$	\$
<b>PAINTING:</b>	\$	\$
<b>OTHER MARINE:</b> <i>(Provide a narrative)</i>	\$	\$

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**OTHER NON MARINE WORK:** \$ \$  
(Provide a narrative)

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4. Do you subcontract any of the above listed operations to others? \_\_\_\_\_ What percentage? \_\_\_\_\_

**RETAIL SALES:**

Retail parts and supplies not connected to  
Repair or installation \$ \$

**4. VESSEL INFORMATION:**

What percentage: \_\_\_\_\_ Aux. Sail \_\_\_\_\_ Power boat do you handle in the above identified OPERATIONS.

What is the average size \_\_\_\_\_ : average value \_\_\_\_\_ total number \_\_\_\_\_ of the vessels at your facility

Please describe any operation listed above which involve commercial vessels. Please describe the average size, type, and commercial use of these vessels. What percentage of your work is on commercial vessels ?

**5. LOCATION INFORMATION**

What is the ISO protection class \_\_\_\_\_ Distance in miles from nearest fire station \_\_\_\_\_

We require all customer’s vessels be stored in a fenced locked lighted area during non business hours. Please confirm:

Premises Fenced \_\_\_\_\_ Floodlighted \_\_\_\_\_ Locked nonbusiness hrs \_\_\_\_\_

Watchman, employee, or owner on premises at night \_\_\_\_\_ yes \_\_\_\_\_ no

How old are the: \_\_\_\_\_ pilings \_\_\_\_\_ dock surface walkways \_\_\_\_\_ dock wiring \_\_\_\_\_  
Is there a Travel Lift: \_\_\_\_\_ If, YES, please advise: \_\_\_\_\_ age \_\_\_\_\_ lift capacity \_\_\_\_\_

Describe any buildings used to store or repair vessels: \_\_\_\_\_ construction \_\_\_\_\_

age \_\_\_\_\_ heat source \_\_\_\_\_ fire protection \_\_\_\_\_

**6. EMPLOYEE INFORMATION – We list all employees who will operate vehicles and/or vessel and require an approved MVR on each**

Employee Name/Duties    Drivers Licence Number/State          # of years Employed

1.    (Owner)

2.

3.

Please use reverse if more space needed.        **\*\***(Please indicate designated Travel Lift Operator)

As part of our underwriting program we will check the driving records of employees and owners.

**7. LOSS EXPERIENCE**

Please list the dollar amount of **ALL LOSSES** (property, workers compensation, general liability and marina operators liability) paid or reserved by any insurance Company during the preceding five years. Please provide the details of each loss.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_  
**Applicant** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_  
**Agent or Broker** \_\_\_\_\_ Date \_\_\_\_\_

**Agency Name** \_\_\_\_\_ **Location** \_\_\_\_\_