

Marina Operator's Liability Application

Applicants Name: _____

Mailing Address: _____

Marina address: _____

Number of years in business (by present owner): _____

Additional related experience of owner and/or operator(s) of marina: _____

Usual operating season: Open all year: Closed in winter

Age of docks: _____ Construction: _____

When last surveyed/inspected: _____

Describe maintenance schedule for the docks: _____

Number of slips: _____

Average value of vessel kept at marina: \$ _____

Maximum value at marina any one time: \$ _____

Annual gross receipts: \$ _____

Advise percentage (%) of gross receipts derived from the following activities:

Moorage: _____ Haul/launching: _____ Fueling: _____

Storage ashore: _____ **Skipper Chartering** _____ Other _____

Sales: _____ **Boat Repairs or Maintenance:** _____ **Boat Rentals:** _____

Are any of the services listed above sub-contracted out? Yes No

Are sub-contractors required to carry their own liability insurance? Yes No

If there is revenue from **Boat Sales, Repairs and/or Maintenance, Boat Rentals or Charters** please attach completed supplementary applications for terms. Example Boat Dealers, Ship Repairer, Boat Rental or Skipper Charter Application)

If storage is provided confirm number of ashore storage spaces:

Covered or indoor storage: _____ (if stored in a building complete and attach supplementary building application)

uncovered/outdoor storage: _____

If fueling advise age of tanks: _____

Location of tanks: Ashore On the docks

Fuelling conducted by: Employees Boat owners

(select one of the above)

Date tanks and equipment last inspected: _____

(attach copy of inspection)

Fire Protection *(select whichever apply)*
 Fire Hall: Volunteer Paid Nearest hall: _____ kms and hydrant: _____ kms
 Smoke detector Fire alarms Other *(describe)* _____

Security: *(select whichever apply)*
 Completed fenced 24 Hour Watchman Night Watchman Floodlights
 Gated/locked access Members only Other *(describe)*

Describe other businesses also located at or adjacent to this marina whose customers would have access to the docks (ie pubs or cafes etc...): _____

Are any of above businesses owned by applicant but operated by third parties? Yes No
 Do these third parties have their own liability insurance policy in force? Yes No
 Is the applicant named as an additional named insured? Yes No
 Is a Hold Harmless/Moorage Agreement in use? (If yes, please attach a copy) Yes No
 Are there any signs posted stating USE AT OWN RISK or similar? Yes No
 If yes, please describe wording and locations of signs: _____

Claims and full details the past 5 years: _____

Previous Insurer: _____
 Policy No.: _____ Expiry date: _____
 Have you ever been cancelled by an insurer? Yes No
 If yes, please advise why: _____

Limit of Liability requested: \$1Million \$2Million \$3 Million \$5 Million

Is CGL also required? Yes No

Dock/Piers Valuation: (if coverage is required)

Replacement Cost \$ _____ or Actual Cash Value \$ _____

Optional Coverage's: a. Earth Movement Yes No
 b. Flood and Water Damage Yes No
 c. Freezing, Thawing or Ice Yes No

Date: _____ Brokerage: ph: _____ fax: _____

Broker Name: _____ email _____

Agent's Signature: _____ Applicant's Signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.