

Application for MOL/SRL/GL

Please complete the attached Questionnaire as fully as possible and where possible attach information sheets.

IMPORTANT: THIS IS NOT A BINDER.				
PROPOSED	EFFECTIVE DATE	EXPIRATION DATE	NEW POLICY	EXPIRING POLICY
POLICY				
PERIOD	12:01 AM	12:01 AM	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Name of Insured/s: _____

Mailing Address: _____

Location (attach separate sheet if more than one): _____

Number of years in business: _____

Interest of the Named Insured/s in the described premises: Owner General Lease Tenant Other
(Describe) _____

Type of Risk: Yacht Club _____ Marina _____ Other _____
(Describe) _____

Limit required (per occurrence) \$ _____

Deductible required (per occurrence) \$ _____

Underwriting Information - All Questions must be answered

How long in operation under present management _____ years

Name and past experience of key personnel _____

Number of employees _____ Annual payroll \$ _____

Fire protection:
Public _____ Paid _____ Volunteer _____ Distance from premises _____

Number of fire hydrants on premises _____ Number of fire extinguishers _____

If racked storage how many sprinkler heads per pod _____

Give full description of other fire protections _____

Is a formal safety program in force YES / NO _____

Person to contact for survey _____

Is night-watchman employed on premises YES / NO _____

Are premises floodlit at night YES / NO _____ Is storage area fenced in YES / NO _____
Describe fencing _____

Does the facility own any automobiles YES / NO _____

Is hired and non-owned auto liability required YES / NO _____

ANTICIPATED ANNUAL GROSS RECEIPTS FOR OPERATION

Mooring / slip rental \$ _____ Ship store / marine store \$ _____

Storage normal \$ _____ Restaurant / snack bar \$ _____
Alcoholic Beverage \$ _____

Storage racked \$ _____ Hotel / Campground \$ _____
Alcoholic Beverage \$ _____

Hauling / launching \$ _____ Watercraft rental \$ _____

Fueling \$ _____ New / Used boat sales \$ _____

Repairs / servicing \$ _____ Other _____

CLAIMS AND LOSSES OVER THE LAST FIVE YEARS - List all losses and give full details. Use separate sheet if necessary _____

SPECIFIC INFORMATION IN RESPECT OF MARINA OPERATORS

Number of docks _____ Number of slips _____ Covered _____ Uncovered _____

Percentage of available slips normally rented at any one time _____ %

Maximum number of slips in use at any one time _____ %

Average value of boats per slip \$ _____ Maximum value \$ _____

If racked storage, how many pods _____ Percentage of available pods rented at any one time _____ %
Maximum number in use at any one time _____ %

Average number of boats stored ashore at any one time Normal _____ Racked _____

Maximum number of boats stored ashore at any one time Normal _____ Racked _____

Average value of any one boat stored ashore \$ _____

Maximum value of any one boat stored ashore \$ _____

Hauling and launching: Describe methods and equipment used _____

Average number of boats launched / hauled per day _____

Maximum number of boats launched / hauled per day _____

Repairs and servicing carried out:

Servicing _____% (Mechanical _____% Electrical _____%)

Rigging _____% Painting _____% Welding / burning _____% Other _____% (describe)

Inside building _____% Outside in yard or at slip _____%

Fueling: Gas _____% Diesel _____% Does the Insured and/or his employees do all of the fueling
YES / NO ___ If NO, explain _____

Other operations (describe) _____

**SPECIFIC INFORMATION IN RESPECT OF SHIP REPAIRERS
OR MARINE ARTISANS**

Details of yard facilities i.e. wet / dry docks, piers, wharves, onshore facilities, etc. _____

Gross receipts during past 12 months \$ _____ Estimate Gross receipts for next
twelve months \$ _____

Type of repairs carried out _____

Percentage: servicing _____% (mechanical _____% electrical _____%)

Rigging _____% Painting _____% Welding / burning _____% Other _____%

(describe) _____

Number of vessels repaired annually _____ Type of vessel, size, tonnage, etc. _____

Average value per vessel \$ _____
Maximum value per vessel \$ _____

If any reconstruction, fabrication, assembly or other onshore work please give details and percentage of operations. Use separate sheet if necessary _____

Movement of third party property by land or water is automatically covered within 25 miles of scheduled premises. Any movement in excess of 25 miles must be pre-approved and any additional premium paid. If movement in excess of 25 miles normally occurs on a regular basis:

- i) average number of times per month _____
- ii) average length of movement _____ miles.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____