



Ocean Marine Division
65 Broadway
New York City, NY 10006

Marine Composite Application

Applicant General Information

Name of Insured _____

Mailing Address _____

City _____ State _____ Zip Code _____

Inspection Contact Name & Telephone # _____

Name of all Principals

Individual Partnership Corporation Other _____

Producer's Name _____ Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Nature of Business/Description of Operations

Years in Business _____ Effective Date Coverage _____

Current Insurance Carrier, expiring premium and policy expiration

Other businesses owned by Applicant (Describe)

	Yes	No
Is the Applicant a subsidiary of any other entity or does the insured have any subsidiaries? If yes, describe	<input type="checkbox"/>	<input type="checkbox"/>

Has the policy or coverage been declined, canceled or non renewed within the last five years? If yes, describe	<input type="checkbox"/>	<input type="checkbox"/>
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Loss History for the last five (5) years

(Attach a copy of the loss runs)

Applicant General Information *Continued*

Location Addresses

Location 1 _____

Location 2 _____

Location 3 _____

Coverages Requested

- | | |
|--|--|
| <input type="checkbox"/> Marina Operations Legal Liability | <input type="checkbox"/> Piers & Docks |
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Contractors Equipment/Tools |
| <input type="checkbox"/> Protection & Indemnity | <input type="checkbox"/> Owned Watercraft |
| <input type="checkbox"/> Boat Dealers | <input type="checkbox"/> Property Insured |

Please complete the applicable sections of this application

Fire Protection

Location 1

Location 2

Location 3

Paid or Volunteer			
Distance from location			
Public Fire hydrants number distance			
Private fire protection for rack storage			
Is there a formal fire safety program in force?			
Describe any private fire protection			

Security

Location 1

Location 2

Location 3

U/L Certified central station alarm			
Watchman employed/hours on location			
Alarm with outside siren or gong			
Is location completely fenced?			
Are there floodlights?			
Does applicant live on location?			
Is there a Watchdog on location?			

Employees

Number of key employees _____ Number of years employed by Applicant _____

Section I - Boat Dealer's Coverage

Limit Requested _____ Deductible Requested _____

Loss Payee Name _____ Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Additional Interest *(Explain)*

Section I - Boat Dealer's Coverage *Continued*

Watercraft Sold	Manufacturer	% Sold
Power Boats		
Sail Boats		
High Performance Watercraft		
Personal Watercraft		
Accessories		
Motors		
Trailer		
Other <i>(Explain)</i>		

Locations	Last Inventory & Date	Average Monthly Inventory	Maximum Monthly Inventory
Location 1: Inside			
Outside			
In Water			
Location 2: Inside			
Outside			
In Water			
Location 3: Inside			
Outside			
In Water			

Transit Exposures

Number of watercraft delivered annually _____ % via Land _____

% via Water _____ Highest Value via Land _____

Highest Value via Water _____ Maximum Miles over land _____

Maximum Miles over water _____ Watercraft % by Common Carrier _____

Watercraft % by applicant's vehicle(s) _____

Boat Shows

Numbers of Shows Annually _____ Maximum Number of Watercraft at each show _____

Maximum distance to show _____

How Transported *(Describe)*

Section I - Boat Dealer's Coverage *Continued*

Yes No

Demonstrations

Maximum value any one watercraft _____ Number per month _____

Maximum MPH of watercraft _____

Is watercraft under the command of a competent employee? Yes No

Is all U.S. Coast Guard safety equipment on board? Yes No

Boat Dealer's Endorsements

1. False Pretense *(Check if coverage is desired)*

Describe all customers screening practices *(Identification check, credit check, title check, etc.)*

Does sales person accompany all potential customers on all test drives? Yes No

Limits Desired:

- \$50,000 \$100,000
 \$300,000 \$500,000 \$1,000,000

2. Errors & Omissions Liability Coverage for the Following *(Check if coverage is desired)*

- Truth in Lending Truth in Leasing
 Engine Hours Reading Title Errors and Omissions

Limits Desired:

- \$50,000 \$100,000
 \$300,000 \$500,000 \$1,000,000

Does dealer have written procedures for handling titles listing proper loss payees? Yes No

Section II - Marina Operator's Legal Liability

Limit Requested _____ Deductible Requested _____

Additional Interest *(Explain)*

Repair Operations

Type of Watercraft Repaired _____ Type of Work Performed _____

Average/Maximum Value of Watercraft Repaired _____

Are Owners Allowed to work on their own Watercraft? Yes No

Are subcontractors hired to do any repairs to Watercraft on your behalf? Yes No

If yes, describe

Is COI obtained and is Applicant named as an Additional Insured? _____

Section II - Marina Operator's Legal Liability *Continued*

Dry Storage	Location 1	Location 2	Location 3
Average/Maximum Value Stored Inside			
Average/Maximum Value Stored Outside			
Are Watercraft Stored on Inside Racks			
Are Watercraft Stored on Outside Racks			
Construction of Building where Watercraft are stored inside			
Building Fire Protection <i>(Sprinklers, Dry Chemical Systems, etc.)</i>			
Number of Watercraft Stored <i>(Inside/Outside)</i>			
Is Applicant compliant with NFPA Storage of Watercraft?			

Please submit a copy of storage agreement with application

Docking/Mooring	Location 1		Location 2		Location 3	
Number of Slips Available for Rent						
Number of Moorings Available for Rent						
Average/Maximum Values of Watercraft						
	Yes	No	Yes	No	Yes	No
Do Any Slips Have Roofs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How Many _____	_____	_____	_____	_____	_____	_____
Number of Watercraft stored afloat between 12/1 to 4/1						
Is there a bubbler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please submit a copy of docking agreement with application

Hauling & Launching

Number of Watercraft hauled last year _____ Equipment used to haul Watercraft _____

Rating capacity of lifting equipment _____ Describe maintenance of equipment _____

Fueling

Type of Fuel sold:

Gas Diesel Both

Who performs fueling of Watercraft? _____ Are "No Smoking" signs posted? _____

Tank Storage locations _____ Is there a master shut off valve? _____

Are propane tanks refilled on premises?

Other Services

Please Describe

Is Limited Pollution Coverage for your Maritime Operation Desired?

If yes, select limits desired:

\$100,000 \$500,000 \$1,000,000

Section III – Marine Commercial Liability

	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	
Limits Requested <i>(Choose One)</i>				
General Aggregate	\$2,000,000	\$1,000,000	\$2,000,000	
Products – Completed OPS Aggregate	\$1,000,000	\$1,000,000	\$2,000,000	
Personal & Advertising Injury	\$1,000,000	\$1,000,000	\$1,000,000	
Each Occurrence	\$1,000,000	\$1,000,000	\$1,000,000	
Damage to Premises Rented to You	\$ 100,000	\$ 100,000	\$ 100,000	
Medical Expense <i>(Any One Person)</i>	\$ 5,000	\$ 5,000	\$ 5,000	
Deductible Requested _____				
Additional Insured Name _____		Mailing Address _____		
City _____		State _____	Zip Code _____	
Telephone # _____				
What is their interest as an Additional Insured <i>(Explain)</i> ?				

Additional Coverage				
Employee Benefits Limit:				
<input type="checkbox"/> \$1,000,000 per occurrence/\$1,000,000 Aggregate <i>(Check if coverage is desired)</i>				
<input type="checkbox"/> \$1,000,000 per occurrence/\$2,000,000 Aggregate <i>(Check if coverage is desired)</i>				
Deductible \$1,000 Required				
<input type="checkbox"/> Hired/Non Owned Limit \$1,000,000 <i>(Check if coverage is desired)</i>				
General Information <i>(Explain all "Yes" responses)</i>			Yes	No
Any Medical Facilities provided or medical professionals employed or contracted?			<input type="checkbox"/>	<input type="checkbox"/>

Any exposure to radioactive/nuclear materials?			<input type="checkbox"/>	<input type="checkbox"/>

Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? <i>(e.g. landfills, wastes, fuel tanks, etc)</i>			<input type="checkbox"/>	<input type="checkbox"/>

Any operations sold, acquired, or discontinued in the last 5 years?			<input type="checkbox"/>	<input type="checkbox"/>

Any parking facilities owned/rented?			<input type="checkbox"/>	<input type="checkbox"/>

Section III – Marine Commercial Liability *Continued*

	Yes	No
General Information <i>(Explain all "Yes" responses)</i>		
Is a fee charged for Parking? _____	<input type="checkbox"/>	<input type="checkbox"/>
Recreation facilities provided? _____	<input type="checkbox"/>	<input type="checkbox"/>
Sporting or social events sponsored? _____	<input type="checkbox"/>	<input type="checkbox"/>
Does Harbor Master or any other person live on premises? _____	<input type="checkbox"/>	<input type="checkbox"/>
Any structural alterations contemplated? _____	<input type="checkbox"/>	<input type="checkbox"/>
Any demolition exposure contemplated? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have any crimes occurred or been attempted at your location within the last three years? _____	<input type="checkbox"/>	<input type="checkbox"/>
Is there a formal, written safety and security policy in effect? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any boats in your marina that operates as a boat Bed & Breakfast? If yes, please advise the following:	<input type="checkbox"/>	<input type="checkbox"/>
What measures have you taken to enhance safety? _____	<input type="checkbox"/>	<input type="checkbox"/>
What are your rules to the slip renters/owners for this operation? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you manage the booking of slip renter's boats? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you ensure slip renters/owners/tenants get property insurance? _____	<input type="checkbox"/>	<input type="checkbox"/>
Does the businesses' promotional literature make any representations about the safety or security of the premises? _____	<input type="checkbox"/>	<input type="checkbox"/>

Section III – Marine Commercial Liability *Continued*

Yes No

Is premises owned or leased?

Owned Leased

If leased, who is responsible for premises Maintenance?

Is there a signed lease? Yes No

Are any of the premises leased out? Yes No

If yes, are COI required? Yes No

Is Additional Insured status required? Yes No

Is there a signed lease agreement on file? Yes No

Is there a pool on the premises? Yes No

If yes, is there a diving board? Yes No

Is it fenced? Yes No

Are regulations posted? Yes No

Is there a lifeguard on duty? Yes No

What is the depth? _____ Hours of operation _____

Is there a restaurant on premises? Yes No

Is it owner operated or leased out?

Owned Leased

Is it seasonal? (Explain)

Hours and days of operation _____ Type of Restaurant _____

Is there a dance floor? Yes No

Is liquor served? Yes No

If yes, fill out supplemental application.

Type of Cooking facilities

Products/Completed Operations

Does applicant install, service or demonstrate products? Yes No

Foreign products sold, distributed used as components? Yes No

Research and development conducted or new products planned? Yes No

Guarantees, warranties, hold harmless agreements? Yes No

Products recalled, discontinued, changed? Yes No

Products of others sold or re-packaged under applicant label? Yes No

Products under label of others? Yes No

Vendors coverage required? Yes No

Does any Named Insured sell to other Named Insureds? Yes No

Product manufactured? Yes No

Section III – Marine Commercial Liability *Continued*

Yes No

Products/Completed Operations

Is Hired & Non Owned Coverage Desired? Yes No

If yes, Does the applicant have auto insurance? Yes No

Does applicant allow any use of personal vehicles for his business? Yes No

Does this happen frequently? Yes No

What is applicants screening process of drivers, please explain

Number of Drivers? _____

Any under age drivers Yes No

Is Employee Benefits Coverage Desired? Yes No

If yes, number of employees _____

Number covered by employee benefits plan _____

If employees have option to enroll or reject employee benefits program does the applicant require a signed acceptance or rejection from each employee? Yes No

Gross Annual Receipts

Docking/Mooring	\$ _____	Repairs <i>(parts and labor)</i>	\$ _____
Fueling	\$ _____	Hauling/Launching	\$ _____
Dry/Winter Storage	\$ _____	Rack Storage	\$ _____
Ship/Convenience Store	\$ _____	* Restaurant <i>(food and liquor)</i>	\$ _____
* Liquor	\$ _____	Lessor's Risk	\$ _____
Campgrounds	\$ _____	Hotel/Motel	\$ _____
Subcontractors	\$ _____	Boat Rental	\$ _____

Other *(Include source)* _____

* Complete Supplemental Application for Restaurant and Liquor

Gross Annual Sales

Boat Sales _____ Boat Brokerage Sales _____

Other Sales *(Include source)* _____

Other

Pools _____ Dwellings _____

Section IV - Protection & Indemnity

Yes No

Limit Requested _____ Deductible Requested _____

Boat Dealer P&I Coverage Yes No

Moll P&I Coverage Yes No

Workboat P&I Coverage Yes No

Rental Boat P&I Coverage Yes No How Many _____

Crew P&I Coverage Yes No How Many _____

Other *(Explain)* _____ How Many _____ Yes No

Section IV - Protection & Indemnity *Continued*

Yes No

Fully describe workboat/rental boat operations

Crew Coverage

Is crew in the permanent employment of the Applicant?

What are the duties of crew? *(Describe)*

Section V - Owned Watercraft

Workboats

Description

Value

Location

Deductible Requested _____ What is the primary use of the workboats? _____

Loss Payee Name _____ Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Rental Boats

Description

Value

Location

Deductible Requested _____

Is rental agreement signed? *(Attach copy)*

What is the minimum age of renter? _____

What are your rental qualifications?

Type of rental operations:

Daily Weekly Other _____

Section VI - Owned Equipment

Contractors Equipment/Tools	Description (Include Age & Serial #)	Value	Deductible	Location

Experience of Operator's

Electronic Data Processing	Location 1	Location 2	Location 3
Hardware Limit			
Media Limit			
Extra Expense Limit			
Deductible Requested			
In Transit Limit			

Signs	Location
Limit Requested	<hr/>
Deductible Requested	<hr/>
Description of signs	<hr/> <hr/>

Section VII - Marina Fixed and Floating Piers/Docks

Location	Description of Piers/Docks	Year Built	Type of Construction	Fixed or Floating	Open or Covered	Limits of Insurance
Deductible Requested _____						
Loss Payee Name _____			Mailing Address _____			
City _____			State _____		Zip Code _____	
Telephone # _____						
Is there a breakwater?					<input type="checkbox"/>	<input type="checkbox"/>
Are floating docks removed for winter storage?					<input type="checkbox"/>	<input type="checkbox"/>
Are piers/docks equipped with fire extinguishers?					<input type="checkbox"/>	<input type="checkbox"/>
Do piers/docks have electrical connections?					<input type="checkbox"/>	<input type="checkbox"/>
Type of electrical connections _____						
Describe piers/docks maintenance program						

Business Interruption Desired?					<input type="checkbox"/>	<input type="checkbox"/>
Limit Requested (Maximum Limit \$500,000) _____						
Deductible Requested (Minimum 30 days) _____						
When is your peak season of operation? _____			Annual Gross Receipts _____			
Percentage Earned during peak season _____						
Do you currently have coverage for your Business Interruption?					<input type="checkbox"/>	<input type="checkbox"/>

Section VIII - Property Insurance

**Property coverage is on a Cause of Loss Special Form.
If Blanket coverage is requested, complete a Statement of Values.**

Location # _____	Building # _____
Building Limit _____	Business Personal Property Limit _____
Co- Insurance _____	Valuation _____
Deductible _____	Business Interruption/Extra Expense Limit _____
Co-Insurance _____	
Year Built _____	Construction _____
Sq Footage _____	Number of Stories _____

Building Improvements

<input type="checkbox"/> Wiring Year _____	<input type="checkbox"/> Heating Year _____
<input type="checkbox"/> Roofing Year _____	<input type="checkbox"/> Plumbing Year _____

Other Occupancies

Burglar Alarm *(Describe)*

Sprinkler Alarm *(Describe)*

Fire Protection

Mortgagee Name _____	Mailing Address _____
City _____	State _____ Zip Code _____
Telephone # _____	

Loss Payee _____	Mailing Address _____
City _____	State _____ Zip Code _____
Telephone # _____	

Section VIII - Property Insurance *Continued*

Location # _____ Building # _____

Building Limit _____ Business Personal Property Limit _____

Co- Insurance _____ Valuation _____

Deductible _____ Business Interruption/Extra Expense Limit _____

Co-Insurance _____

Year Built _____ Construction _____

Sq Footage _____ Number of Stories _____

Building Improvements

Wiring Year _____ Heating Year _____

Roofing Year _____ Plumbing Year _____

Other Occupancies

Burglar Alarm *(Describe)*

Sprinkler Alarm *(Describe)*

Fire Protection

Mortgagee Name _____ Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Loss Payee _____ Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Section VIII - Property Insurance *Continued*

Location # _____	Building # _____
Building Limit _____	Business Personal Property Limit _____
Co- Insurance _____	Valuation _____
Deductible _____	Business Interruption/Extra Expense Limit _____
Co-Insurance _____	
Year Built _____	Construction _____
Sq Footage _____	Number of Stories _____

Building Improvements

<input type="checkbox"/> Wiring Year _____	<input type="checkbox"/> Heating Year _____
<input type="checkbox"/> Roofing Year _____	<input type="checkbox"/> Plumbing Year _____

Other Occupancies _____

Burglar Alarm *(Describe)* _____

Sprinkler Alarm *(Describe)* _____

Fire Protection _____

Mortgagee Name _____ Mailing Address _____
 City _____ State _____ Zip Code _____
 Telephone # _____

Loss Payee _____ Mailing Address _____
 City _____ State _____ Zip Code _____
 Telephone # _____

Additional Coverage Forms and Endorsements

	Yes	No
Ordinance of Law Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Premises # _____ Building _____		
Limit A _____ <i>(Same as building Value)</i>		
Limit B _____		
Limit C _____		
Spoilage Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Data Compromise	<input type="checkbox"/>	<input type="checkbox"/>

Any Person who knowingly and with intent to defraud any insurance company or other persons files an application of 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 and subjects the person to criminal and civil penalties.

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.

Signature of Applicant

Date