

MARINA OPERATOR/BOAT DEALER APPLICATION

Applicant Name:	Years in Business:
Address (including City, State, Zip):	
Address of all Premises of Marina operations and/or Boat Dealer operations:	
Projected Gross Receipts for Term: \$	Proposed Effective/Expiration Date:

BOAT DEALERS LIMITS:

\$	ANY ONE WATERCRAFT WHILE AT A SCHEDULED LOCATION;
\$	ANY ONE WATERCRAFT ACCEPTED AS TRADE-IN WHILE AT LOCATIONS OTHER THAN THOSE SCHEDULED FOR NOT EXCEEDING 15 DAYS;
\$	ANY ONE WATERCRAFT DURING LAND AND WATER TRANSIT WITHIN 50 MILES OF A SCHEDULED LOCATION;
\$	ANY ONE WATERCRAFT WHILE ON EXHIBIT AT WATERCRAFT SHOWS, INCLUDING TRANSIT TO AND FROM;
\$	ANY ONE ACCIDENT OR OCCURRENCE WITH RESPECT TO ACCESSORIES AND SUPPLIES IN INVENTORY AT THE SCHEDULED LOCATIONS;
\$	ANY ONE ACCIDENT OR OCCURRENCE FOR ALL COVERAGE PROVIDED BY THIS POLICY, EXCEPT AS PROVIDED IN THE PROTECTION AND INDEMNITY CLAUSE;
\$	ANY ONE ACCIDENT OR OCCURRENCE, INCLUDING LEGAL AND INVESTIGATIVE EXPENSES, WITH RESPECT TO CLAIMS COVERED BY THE PROTECTION AND INDEMNITY CLAUSE.
DEDUCTIBLE:	
\$	PER OCCURRENCE, EXCEPT
\$	IN THE EVENT OF LOSSES RESULTING FROM WINDSTORM OR HAIL

MARINA OPERATORS LIMITS:

\$	GENERAL AGGREGATE
\$	PRODUCTS - COMPLETED OPERATIONS AGGREGATE
\$	PERSONAL AND ADVERTISING INJURY
\$	EACH OCCURRENCE
\$	FIRE DAMAGE
\$	MEDICAL EXPENSE
\$	MARINA OPERATORS P&I
DEDUCTIBLE:	
\$	PER OCCURRENCE

Number of vessels at the facility(ies) at any one time?	Average _____	Maximum: _____
Length of stay of vessels at facility(ies)?	Average _____	Maximum: _____
Anticipated number of vessel docking(s) during the next 12 months?		

INFORMATION:

Distance from nearest dock, bridge or lock.	Upstream _____ Downstream _____	
Watchman Service:	YES / NO _____	How many? _____ 24 hours per day? YES / NO _____
Fire Protection	Municipal or Volunteer _____ Distance from Location(s): _____	
Has any insurance company ever cancelled or declined to issue or renew this form of insurance for this applicant?	YES / NO _____	If Yes, WHY? _____ _____ _____

LOSS INFORMATION:

List all Wharfinger Legal Liability claims (insured or not) during past 5 years on all operations. (ATTACH FULL LOSS EXPERIENCE DETAILS)				
YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL
Applicant Signature	Date	Agent or Broker	Date	

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.