

Acadia Marine
here for you.

Yacht Dealers/ Marina Operators Liability Application

AGENCY INFORMATION

Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer	Name:	Phone #:	Email:	

GENERAL INFORMATION

Insured Name:		Date:		
Mailing Address	Street:	City:	State:	Zip:
Effective Date	From:	To:		
Individual	Partnership	Corporation	Joint Venture	Other
If Other, please explain:				
Yard Location	Street:	City:	State:	Zip:
Loss Payee	Name:	Amount of Mortgage:		
	Address:	City:	State:	Zip:
Inspection Contact	Name:	Phone:	Email:	
Operator's Experience in Business:				

BUILDING(S)

Types of construction:		Number of feet above high water mark:		
What is the general condition of buildings?:				
Are buildings sprinklered?	Yes	No	Outside storage?	Yes No
Is there a snow removal plan in effect, including rooftops?		Yes No		
What types of Protection systems are currently in use?				
Fire Alarm (type):		Burglar Alarm (type):		
Central Station	Watchman	Flood Lights	Fencing	Dog
Distance to Fire Hydrant:	Distance to Fire Department:	Protection Class:		

YACHT DEALERS

List of major brands sold	Boats:			
	Outboard motors:			
Average monthly values for the past year		Inside: \$	Outside: \$	
Indicate peak inventory for last 12 months:				
Average Value on any one vessel: \$		Maximum Value on any one vessel: \$		
Number of Boat Shows/Exhibitions per year?		Do you exhibit in the water?	Yes	No
Do you do demonstrations with customers aboard?	Yes	No	How often?	

YACHT DEALERS LIMITS AND DEDUCTIBLES

Limits Desired:	Deductible Desired: \$
\$	on any one vessel
\$	while in transit by land
\$	while on exhibit at:
\$	while on premises at: (Location 1)
\$	while on premises at: (Location 2)
\$	while on premises at: (Location 3)
\$	In any one occurrence

MARINA OPERATORS LEGAL LIABILITY

Limit Desired:	Deductible Desired: \$			
\$	while on premises at: (Location 1)			
\$	while on premises at: (Location 2)			
\$	while on premises at: (Location 3)			
Ship Repairers	Repairs	Alterations	Maintenance	Restoration
Type of vessels repaired?:				
Type of work (by %)	Fiberglassing: %	Engine: %	Electrical: %	
	General Repairs: %	Spray painting: %	Welding: %	
Value of Vessels: \$	Average: \$	Maximum: \$		
Gross Receipts Last Two Years	\$ (last year)	\$ (prior year)		
Are trial runs performed after work is completed?	Yes	No		
Storage				
Value of Vessels Stored: \$	Average: \$	Maximum: \$		
Number of Vessels Stored:	Inside:	Outside:	In water:	
Gross Receipts Last Two Years	\$ (last year)	\$ (prior year)		
Number of Storage Buildings:	Construction:			
Type of Storage (by %)	On Cradles %	Jack stands %	In Racks %	On Trailers %
Is hold harmless agreement obtained?		Are all buildings sprinklered?	Yes	No
Are all buildings secured against illegal entry?		If yes, how:		
Docking and mooring				
Number of slips available:	Number of Moorings available:			
Maximum Value of Vessel: \$	Average Value: \$			
Gross Receipts Last Two Years	\$ (last year)	\$ (prior year)		
Describe the maintenance schedule on docks and moorings:				
Fueling				
Gross Receipts Last Two Years	\$ (last year)	\$ (prior year)		
Fire extinguishers present?	Yes	No	Who does fueling?	Marina Employee
				Boat Owner
Hauling and Launching (Other than in connection with Ship Repairers or Storage)				
Type of Lifts:	Rated Capacity:	Tons:		
Is regular maintenance performed on equipment?	Yes	No	Frequency:	
Approx. Number of Vessels Handled per Year:	Maximum Value:\$	Average Value:\$		
Gross Receipts Last Two Years	\$ (last year)	\$ (prior year)		



PIERS, RAMPS AND FLOATS COVERAGE

Brief description of property to be insured:

Type of Construction: Fixed or Floating? Year of construction:

Separate Fuel Dock? Yes No Electricity on docks? Yes No

Briefly describe the maintenance program:

Briefly describe firefighting capabilities at pier:

Is any property removed from water during winter? Yes No

Value of the docks: (include breakdown between Piers, Ramps and Floats)

Deductible: \$

PROTECTION AND INDEMNITY

P&I Limit \$

Deductible Desired \$

Number of persons who will operate watercraft and their experience:

OWNED WATERCRAFT

No. of persons operating watercraft and their experience?:

Description of boats to be insured:

Trade Name	Use of Boat	Year	Length	H.P.	Value	Fuel	Material of Hull
					\$		
					\$		
					\$		
					\$		
					\$		

Describe usage of boats:

Navigation area of above vessel(s):

Lay-up period From: To:

PREVIOUS INSURANCE/LOSS INFORMATION

Check box if no losses in past three years:

Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant? Yes No

If yes, give details:

Carrier: Existing deductible:

Renewal offered? Yes No Existing limit:

Existing rate: Expiration date:

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____ Date: _____
Producer Signature: _____ Producer Name (Please Print): _____

