

MARINE DIVISION RENEWAL QUESTIONNAIRE

EXPIRATION DATE	POLICY NUMBER	INSURED NAME

PROCEED WITH RENEWAL CONSIDERATION AS FOLLOWS (complete all applicable sections below and then sign and date this form)

- ☐ Please issue a renewal quote for the above referenced account based upon the expiring policy's operations and exposures.
- ☐ Please note the following changes below to be considered for the renewal consideration of the above referenced account.

COMMERCIAL GENERAL LIABILITY / MARINE LEGAL LIABILITY COVERAGE (marina operators, stevedores, wharfingers)

1. Please consider the following changes to the account's exposures, classifications, and exposure basis:

Exposure(s) / Description of Hazard(s) / Insured Classification(s)	Exposure Basis (Receipts, Sales, Units, etc.)

2. Limits of Liability (please describe any changes requested/desired):

3. Other (please describe any other changes requested/desired):

LAND BASED PROPERTY

1. Schedule (please describe any changes needed/desired to the schedule or attach a complete updated schedule)

2. Other (please describe any other changes requested/desired):

MARINE PROPERTY (water based – on or over water)

1. Schedule (please describe any changes needed/desired to the schedule or attach a complete updated schedule)

2. Other (please describe any other changes requested/desired):

INLAND MARINE

1. Schedule (please describe any changes needed/desired to the schedule or attach a complete updated schedule)

2. Other (please describe any other changes requested/desired):

HULL / PROTECTION AND INDEMNITY

1. Schedule: *(please describe any changes needed/desired to the schedule or attach a complete updated schedule)*
2. Limits of Liability *(please describe any changes requested/desired):*
3. Navigation Warranty:
4. Other *(please describe any other changes requested/desired):*

VESSEL DEALER INVENTORY / VESSEL DEALER DEMONSTRATION PROTECTION AND INDEMNITY

1. Location(s) and/or Inventory Limits For The Location(s)
(please describe any changes needed/desired to the schedule or attach a complete updated schedule):
2. Limits of Liability *(please describe any changes requested/desired):*
3. Boat Inventory Type *(by location):*
4. Other Inventory Type *(please describe each and by location):*
5. Navigation Warranty *(by location):*
6. Other *(please describe any other changes requested/desired):*

OTHER

1. Coverage(s) *(please describe any other coverage(s) requested/desired not described above):*
2. Describe any other changes requested/desired:

Any terms and conditions we offer will be based on the underwriting information presented to us, in the application(s), inspection(s), and/or other correspondence submitted and/or on file with us. We rely on this information under the Doctrine of Utmost Good Faith.

Any terms and conditions offered will be as shown and may not match the terms, conditions or coverages of the previous policy(s) and/or requested in the renewal submission(s), application(s) or correspondence. Please review all offered terms and conditions carefully.

Agent's Signature

Insured's Signature

Agency Name

Title

Date

Date