

Marine Package Supplemental

(To be submitted with ACORD Applications)

APPLICANT GENERAL INFORMATION			
Applicant:			
Mailing Address:			
City, State & Zip Code:			
Website Address:			
Length of time in business:	Years	Months	Proposed effective date:
Survey Contact / Phone #:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
List and describe any business owned, operated or managed by the applicant, including any Lessor's Risks:			
Is the applicant a subsidiary of any other entity and/or does the applicant have any subsidiaries? <input type="checkbox"/> No <input type="checkbox"/> Yes			

PRODUCER INFORMATION	
Agency:	
Mailing Address:	
City, State & Zip Code:	
Auto-Owner's Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes	Auto-Owner's Agent #:

LOCATION GENERAL INFORMATION					
Address:					
1.					
2.					
3.					
4.					
5.					
Locations					
	1	2	3	4	5
1. Completely fenced (6' + high) and floodlighted?					
2. Paid or volunteer local fire protection?					
3. Distance from local fire department station:					
4. Public fire hydrants (number and distance):					
5. Automatic / emergency fuel shutoff valve?					
6. Watchman service after business hours?					

COVERAGE REQUESTED	
<input type="checkbox"/> General Liability <input type="checkbox"/> Marina Operator Legal Liability <input type="checkbox"/> Property <input type="checkbox"/> Docks, Piers, Seawalls, Bulkheads, Moorings & Wharves <input type="checkbox"/> Inland Marine	<input type="checkbox"/> Hull <input type="checkbox"/> Protection & Indemnity <i>(Submit ACIC Commercial Hull and P&I Application if coverage for workboats)</i> <i>(Submit ACIC Vessel Rental Supplemental if coverage for rental boats)</i> <input type="checkbox"/> Vessel Dealer's Inventory Physical Damage <input type="checkbox"/> Vessel Dealer's Protection & Indemnity

1. COMPLETE ALL APPLICABLE SECTIONS ON THE FOLLOWING PAGES FOR ALL COVERAGES BEING REQUESTED.
2. STATE NO, YES, OR N/A WHERE APPROPRIATE.
3. RECEIPTS, COMMISSION, PAYROLL & UNIT INFORMATION IS REQUIRED WHERE REQUESTED.
4. Attach copies of Work Orders, Service Contracts, Storage/Moorage Agreements, Rental Agreements, and Brokerage/Consignment Agreements used by the applicant with customers, where applicable.

OPERATIONS OVERALL					
<u>Operations</u>	<u>Amount</u>	<u>Operation</u>	<u>Amount</u>		
Repair Operations:	Payroll: \$ _____	Vessel Rental:	G.R.'s: \$ _____		
	G.R.'s: \$ _____	Vessel Brokerage	Commission: \$ _____		
Mooring (buoys):	G.R.'s: \$ _____		G.R.'s: \$ _____		
Wet Slip Rental:	G.R.'s: \$ _____	Vessel Sales (owned):	G.R.'s: \$ _____		
Dry Storage:	G.R.'s: \$ _____	Lessor's Risk:	G.R.'s: \$ _____		
Fueling (not LPG):	Gallons: _____	Campground:	G.R.'s: \$ _____		
	G.R.'s: \$ _____		# of Tent Sites: _____		
LPG Filling / Sales:	Gallons: _____		# of RV Sites: _____		
	G.R.'s: \$ _____	Cabins:	G.R.'s: \$ _____		
Hauling & Launching:	G.R.'s: \$ _____		# of Cabins: _____		
Ship's Store:	G.R.'s: \$ _____	Motel / Hotel:	G.R.'s: \$ _____		
Restaurant / Snack Bar:	G.R.'s: \$ _____		# of Rooms: _____		
Liquor / Alcohol:	G.R.'s: \$ _____				
<u>Other Operations Not Listed Above</u>		<u>Amount (G.R.'s; Commission; Payroll; Units; Etc.)</u>			
1.					
2.					
3.					

REPAIR OPERATIONS DETAILS				<input type="checkbox"/> N/A
<u>Type of Vessel Construction</u>		<u>Type of Work Performed:</u>		
<u>Worked Upon:</u>				
<input type="checkbox"/> Aluminum: _____ %		<input type="checkbox"/> Boiler: _____ %		
<input type="checkbox"/> Cement: _____ %		<input type="checkbox"/> Electrical: _____ %		
<input type="checkbox"/> Fiberglass: _____ %		<input type="checkbox"/> Engine: _____ %		
<input type="checkbox"/> Steel: _____ %		<input type="checkbox"/> Hull: _____ %		
<input type="checkbox"/> Wood: _____ %		<input type="checkbox"/> Painting: _____ %		
<input type="checkbox"/> Other: _____ %		<input type="checkbox"/> Welding: _____ %		
Describe Other: _____		<input type="checkbox"/> Gas Freeing: _____ %		
<u>Type of Vessel Worked Upon</u>		<input type="checkbox"/> Other: _____ %		
<input type="checkbox"/> Pleasurecraft: _____ %		Describe Other: _____		
<input type="checkbox"/> Commercial: _____ %		_____		
<input type="checkbox"/> Military: _____ %		_____		
1. Advise percentage of types of vessels worked on last year:		Private Pleasure: _____ %		
		Commercial: _____ %		
2. Highest value of any one vessel worked on last year:		\$ _____		
3. Describe any commercial vessel work performed:				

WET SLIP & MOORING OPERATIONS DETAILS <input type="checkbox"/> N/A					
Locations					
	1	2	3	4	5
1. Total number of slips available for rent:					
2. Total number of buoys available for rent:					
3. Total number of slips not available for rent:					
4. Total number of buoys not available for rent:					
5. Average total value of all vessels moored:	\$	\$	\$	\$	\$
6. Maximum total value of all vessels moored:	\$	\$	\$	\$	\$
7. Total number of slips under a common roof:					
8. Any live-aboard vessel tenants?					

DRY STORAGE OPERATIONS DETAILS <input type="checkbox"/> N/A					
Locations					
	1	2	3	4	5
1. Maximum number of vessels stored at any one time:					
2. Number of vessels stored in summer:					
3. Number of vessels stored in winter:					
4. Average total value of all vessels stored:	\$	\$	\$	\$	\$
5. Maximum total value of all vessels stored:	\$	\$	\$	\$	\$
6. Total number of vessels stored inside a building on rack:					
6a. Maximum number of levels high vessels stored inside a building on racks:					
7. Total number of vessels stored inside a building not on racks:					
8. Is there a sprinkler system inside the vessel storage building?					
8a. Is each individual vessel storage space/pod sprinklered?					
9. Are there any repair operations performed inside the vessel storage building?					
10. Total number of vessels stored outside on their own trailers?					
11. Total number of vessels stored outside on racks:					
11a. Maximum number of levels high vessels stored outside a building on racks:					
12. Total number of vessels stored outside on jack stands:					

HAULING AND LAUNCHING <input type="checkbox"/> N/A					
Locations					
	1	2	3	4	5
1. Number of boat ramps:					
2. Are the boat ramps open to the public?					
3. Are boat ramps open during between sunset and sunrise?					
3a. Are the boat ramps and parking area properly and adequately lighted?					
4. Maximum number for vessel trailers & tow vehicles that can be parked at premises at any one time:					
5. Ramp surface: gravel, dirt, sand, concrete, other?					

FUELING OPERATIONS DETAILS		<input type="checkbox"/> N/A
1.	Any fueling for other than vessels? (automobiles, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.	Who performs the fueling of vessels?	<input type="checkbox"/> Employees <input type="checkbox"/> Vessel Owner
3.	Is there an automatic or shut-off switch for the fuel pumps/station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the fuel storage tanks above ground?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4a.	If the fuel storage tanks are above ground, are they protected from damage by vehicular impact? (NFPA 30-22.15)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b.	If the fuel storage tanks are above ground, are there means of secondary containment / spill prevention in place per NFPA 30-22.11?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Any Liquefied Petroleum Gas (LPG) filling or cylinder exchange?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5a.	Is the LPG filling station and cylinder storage/exchange cabinet protected from damage by vehicular impact? (NFPA 58-6; NFPA 58-8.4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are "No Smoking" signs posted and enforced?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL LIABILITY SECTION			
Liability Limits Requested	Option A	Option B	Option C
General Aggregate:	\$	\$	\$
Products – Completed Operations Aggregate	\$	\$	\$
Personal & Advertising Injury:	\$	\$	\$
Each Occurrence:	\$	\$	\$
Damage To Premises:	\$	\$	\$
Medical Expense (any one person):	\$	\$	\$
Explain all "Yes" responses to questions below:			
1.	Does the applicant (insured) install, service or demonstrate products?		<input type="checkbox"/> No <input type="checkbox"/> Yes
2.	Any foreign products sold, distributed or used as components?		<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Any research & development conducted or new products planned?		<input type="checkbox"/> No <input type="checkbox"/> Yes
4.	Any guarantees, warranties, release of liability or hold harmless agreements?		<input type="checkbox"/> No <input type="checkbox"/> Yes
5.	Any products recalled, discontinued or changed?		<input type="checkbox"/> No <input type="checkbox"/> Yes
6.	Any products of others sold or repackaged under applicant's (insured's) label?		<input type="checkbox"/> No <input type="checkbox"/> Yes
7.	Any of the applicant's (insured's) products under the label of others?		<input type="checkbox"/> No <input type="checkbox"/> Yes
8.	Any products manufactured?		<input type="checkbox"/> No <input type="checkbox"/> Yes
9.	Any medical facilities provided or doctors employed / contracted?		<input type="checkbox"/> No <input type="checkbox"/> Yes
10.	Do any of the applicant's (insured's) operations involve storing, treating, discharging, applying, disposing or transporting of any hazardous materials?		<input type="checkbox"/> No <input type="checkbox"/> Yes
11.	Has the applicant (insured) sold, acquired or discontinued any operation in the last 5 years?		<input type="checkbox"/> No <input type="checkbox"/> Yes
12.	Any parking facilities owned or operated by the applicant (insured)?*		<input type="checkbox"/> No <input type="checkbox"/> Yes
12a.	*If question 12 was answered "Yes", what is the number of parking spaces?		\$
12b.	*If question 12 was answered "Yes", Does the applicant (insured) charge a fee for parking?		<input type="checkbox"/> No <input type="checkbox"/> Yes
13.	Any recreational facilities provided?		<input type="checkbox"/> No <input type="checkbox"/> Yes
14.	Is there a swimming pool or swimming area on or part of the premises?		<input type="checkbox"/> No <input type="checkbox"/> Yes
15.	Any sporting or social events sponsored by the applicant (insured)?		<input type="checkbox"/> No <input type="checkbox"/> Yes
16.	Any structural alterations to the premises contemplated?		<input type="checkbox"/> No <input type="checkbox"/> Yes
17.	Any demolition exposures at the premises contemplated?		<input type="checkbox"/> No <input type="checkbox"/> Yes
18.	Does the harbormaster or any other person(s) live on the premises?		<input type="checkbox"/> No <input type="checkbox"/> Yes
19.	Are vessel owners allowed to work on their own vessels on the premises?		<input type="checkbox"/> No <input type="checkbox"/> Yes

GENERAL LIABILITY SECTION <i>(continued)</i>
Explanation to any "Yes" responses above:

PROPERTY SECTION					<input type="checkbox"/> N/A
<u>Location No.:</u> _____	<u>Building No.:</u> _____	<input type="checkbox"/> On A Dock <input type="checkbox"/> On A Pier <input type="checkbox"/> On A Wharf			
<u>Subject of Insurance</u>	<u>Limit</u>	<u>Valuation</u>	<u>Coinsurance</u>	<u>Deductible</u>	
Building:	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$ _____	
Contents:	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$ _____	
Other:	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$ _____	
	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$ _____	
Year Built: _____ How is this building used by the applicant (insured)? _____					
Construction Type: _____			Protection Class: _____		
Total Area: _____		No. of Stories: _____			
Building Improvements: _____			Other Occupancies: _____		
<u>Updates:</u>					
Wiring Updated (year): _____			Heating Updated (year): _____		
Roofing Updated (year): _____			Plumbing Updated (year): _____		
Burglar Alarm: <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> CSA		Sprinklered: <input type="checkbox"/> No <input type="checkbox"/> Yes - Type: _____			
Fire Alarm: <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> CSA					
<div style="display: flex; justify-content: space-between;"> <u>Limit</u> <u>Coinsurance</u> <u>Or</u> <u>Monthly Limit of Indemnity</u> </div>					
Business Interruption: \$ _____		<input type="checkbox"/> 80% <input type="checkbox"/> 90% _____			

PROPERTY SECTION (continued)						
<u>Location No.:</u> _____		<u>Building No.:</u> _____		<input type="checkbox"/> On A Dock <input type="checkbox"/> On A Pier <input type="checkbox"/> On A Wharf		
<u>Subject of Insurance</u>	<u>Limit</u>	<u>Valuation</u>	<u>Coinsurance</u>	<u>Deductible</u>		
Building:	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$ _____		
Contents:	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$ _____		
Other:	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$ _____		
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Total Area: _____		No. of Stories: _____				
Building Improvements: _____			Other Occupancies: _____			
<u>Updates:</u>						
Wiring Updated (year): _____			Heating Updated (year): _____			
Roofing Updated (year): _____			Plumbing Updated (year): _____			
Burglar Alarm: <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> CSA		Sprinklered: <input type="checkbox"/> No <input type="checkbox"/> Yes - Type: _____				
Fire Alarm: <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> CSA						
	<u>Limit</u>	<u>Coinsurance</u>	<u>Or</u>	<u>Monthly Limit of Indemnity</u>		
Business Interruption:	\$ _____	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	_____			

PROPERTY SECTION (continued)						
<u>Location No.:</u> _____		<u>Building No.:</u> _____		<input type="checkbox"/> On A Dock <input type="checkbox"/> On A Pier <input type="checkbox"/> On A Wharf		
<u>Subject of Insurance</u>	<u>Limit</u>	<u>Valuation</u>	<u>Coinsurance</u>	<u>Deductible</u>		
Building:	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$ _____		
Contents:	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$ _____		
Other:	\$ _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	\$ _____		
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Year Built: _____		How is this building used by the applicant (insured)? _____				
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Total Area: _____		No. of Stories: _____				
Building Improvements: _____			Other Occupancies: _____			
<u>Updates:</u>						
Wiring Updated (year): _____			Heating Updated (year): _____			
Roofing Updated (year): _____			Plumbing Updated (year): _____			
Burglar Alarm: <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> CSA		Sprinklered: <input type="checkbox"/> No <input type="checkbox"/> Yes - Type: _____				
Fire Alarm: <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> CSA						
	<u>Limit</u>	<u>Coinsurance</u>	<u>Or</u>	<u>Monthly Limit of Indemnity</u>		
Business Interruption:	\$ _____	<input type="checkbox"/> 80% <input type="checkbox"/> 90%	_____			

DOCKS, PIERS, SEAWALLS, BULKHEADS, MOORINGS & WHARVES SECTION

(Must Provide A Diagram of the On-Water Property)

DOCKS ☐ N/A

Locations

FLOATING DOCKS

- 1. Total number of floating docks:
- 1a. Total number of open slips:
- 1b. Total number of slips under a common roof:
- 1c. Indicate type of construction for floating docks:
- 1d. Indicate type of floatation devices / material:
- 1e. Age of the pilings for floating docks:
- 1f. Age of the surface walkways of floating docks:
- 1g. Age of common roof of floating docks:
- 1h. Age of the wiring of floating docks:
- 1i. Age of plumbing of floating docks:
- 1j. Age of common roof of floating docks:
- 1k. Total insured value for the floating docks:
- 1l. Total insured value for the electrical on the docks:
- 1m. Total insured value for the plumbing on the docks:
- 1n. Any fueling operations on floating docks:
- 1o. Any cooking operations on floating docks:

FIXED DOCKS

- 2. Total number of fixed docks:
- 2a. Total number of open slips:
- 2b. Total number of slips under a common roof:
- 2c. Indicate type of construction for fixed docks:
- 2d. Age of pilings of fixed docks:
- 2e. Age of surface walkways of fixed docks:
- 2f. Age of common roof of fixed docks:
- 2g. Age of wiring of fixed docks:
- 2h. Age of plumbing of fixed docks:
- 2i. Age of common roof of fixed docks:
- 2j. Total insured value for the fixed docks:
- 2k. Total insured value for the electrical on the docks:
- 2l. Total insured value for the plumbing on the docks:
- 2m. Any fueling operations on fixed docks:
- 2n. Any cooking operations on fixed docks:

1

2

3

\$

\$

\$

\$

\$

\$

\$

\$

\$

1

2

3

\$

\$

\$

\$

\$

\$

\$

\$

\$

DOCKS, PIERS, SEAWALLS, BULKHEADS, MOORINGS & WHARVES SECTION (Continued)				
PIERS <input type="checkbox"/> N/A		Locations		
		1	2	3
3.	Total number of fixed piers:			
3a.	Is any portion of pier under a common roof?			
3b.	Indicate type of construction:			
3c.	Age of the pilings:			
3d.	Age of the surface walkways:			
3e.	Age of common roof:			
3f.	Age of the wiring:			
3g.	Age of the plumbing:			
3h.	Total insured value for the piers:	\$	\$	\$
3i.	Total insured value for the electrical on the piers:	\$	\$	\$
3j.	Total insured value for the plumbing on the piers:	\$	\$	\$
3k.	Any fueling operations on the piers?			
3l.	Any cooking operations on the piers?			
SEAWALLS <input type="checkbox"/> N/A				
4.	Total number of seawalls:			
4a.	Indicate type of construction:			
4b.	Total insured value for the seawalls:	\$	\$	\$
4c.	Total insured value for the electrical on the seawalls:	\$	\$	\$
4d.	Total insured value for the plumbing on the seawalls:	\$	\$	\$
4e.	Age of the seawalls:			
4f.	Any fueling operations on seawalls?			
BULKHEADS <input type="checkbox"/> N/A				
5.	Total number of bulkheads:			
5a.	Indicate type of construction:			
5b.	Total insured value for the bulkheads:	\$	\$	\$
5c.	Total insured value for the electrical on the bulkheads:	\$	\$	\$
5d.	Total insured value for the plumbing on the bulkheads:	\$	\$	\$
5e.	Age of the bulkheads:			
5f.	Any fueling operations on bulkheads?			
MOORINGS <input type="checkbox"/> N/A				
6.	Total number of moorings:			
6a.	Total insured value for the moorings:	\$	\$	\$
6b.	Indicate type of mooring devices:			
6c.	Age of the moorings:			

DOCKS, PIERS, SEAWALLS, BULKHEADS, MOORINGS & WHARVES SECTION (Continued)				
Wharves <input type="checkbox"/> N/A		Locations		
		1	2	3
7.	Total number of wharves:			
7a.	Total insured value for the piers:	\$	\$	\$
7b.	Total insured value for the electrical on the piers:	\$	\$	\$
7c.	Total insured value for the plumbing on the piers:	\$	\$	\$
7d.	Age of the surface walkways:			
7e.	Age of the pilings:			
7f.	Age of the wiring:			
7g.	Any fueling operations on the wharf?			
7h.	Any cooking operations on the wharf?			
8.	Describe the maintenance program: _____			
9.	Describe the firefighting capabilities: _____			
10.	When was the electrical system last inspected by a licensed electrician? _____			
11.	When was the plumbing system last inspected by a licensed plumber? _____			

VESSEL DEALER SECTION <input type="checkbox"/> N/A																																																													
Dealer Demo P&I: <input type="checkbox"/> No <input type="checkbox"/> Yes	How many demonstrations per year? _____																																																												
	Locations																																																												
	<table border="1"> <thead> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>1. Maximum value of any one vessel while at a scheduled location:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>2. Maximum value of any one vessel during transit within 50 miles of a scheduled location:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3. Maximum value of any one vessel while on exhibit at watercraft shows:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4. Maximum value of accessories & supplies (not vessels) in inventory at the scheduled location:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5. P.D. limit requested for any one accident or occurrence for a scheduled location:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>6. Average monthly inventory value in buildings:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>7. Maximum monthly inventory value in buildings:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>8. Average monthly inventory value in outside open area:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>9. Maximum monthly inventory value in outside open area:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>10. Average monthly inventory value in-water:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>11. Maximum monthly inventory value in-water:</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	1	2	3	4	5	1. Maximum value of any one vessel while at a scheduled location:	\$	\$	\$	\$	2. Maximum value of any one vessel during transit within 50 miles of a scheduled location:	\$	\$	\$	\$	3. Maximum value of any one vessel while on exhibit at watercraft shows:	\$	\$	\$	\$	4. Maximum value of accessories & supplies (not vessels) in inventory at the scheduled location:	\$	\$	\$	\$	5. P.D. limit requested for any one accident or occurrence for a scheduled location:	\$	\$	\$	\$	6. Average monthly inventory value in buildings:	\$	\$	\$	\$	7. Maximum monthly inventory value in buildings:	\$	\$	\$	\$	8. Average monthly inventory value in outside open area:	\$	\$	\$	\$	9. Maximum monthly inventory value in outside open area:	\$	\$	\$	\$	10. Average monthly inventory value in-water:	\$	\$	\$	\$	11. Maximum monthly inventory value in-water:	\$	\$	\$	\$
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VESSEL DEALER SECTION (Continued)	
12.	Manufacturers & types of vessels, motors & trailers sold: Power: _____ PWC: (jet skis, wave runners, etc.) _____ Sail: _____ Motors: _____ Trailers: _____
13.	Average / maximum distance any one vessel is delivered by land any one way:
14.	Average / maximum distance any one vessel is delivered by water any one way:
15.	Average / maximum number of boat shows participated in annually:
16.	Average / maximum number of vessels at any one boat show:
17.	Maximum total inventory limit needed at any one boat show: \$
18.	Watercraft is transported by: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Applicant's (Insured's) Vehicles
19.	Any high performance / high speed vessels demonstrated on-water? <input type="checkbox"/> No <input type="checkbox"/> Yes
20.	Maximum speed any one vessel is demonstrated on-water:
21.	What bodies of water are vessels demonstrated on?
22.	Average / maximum distance vessels are demonstrated from shoreline:
23.	Average / maximum distance vessels are demonstrated from scheduled dealership locations:
24.	Are all vessels demonstrated properly outfitted as per the manufacturer's specifications & in complete compliance with USCG regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Any motorcycles, ATV's, campers, snowmobiles, or other non-vessels sold? <input type="checkbox"/> No <input type="checkbox"/> Yes

INLAND MARINE SECTION <input type="checkbox"/> N/A				
Loc. No.	Description	Serial No.	Limit	Deductible
			\$	\$
	Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC	Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90%		
			\$	\$
	Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC	Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90%		
			\$	\$
	Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC	Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90%		
			\$	\$
	Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC	Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90%		
			\$	\$
	Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC	Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90%		

FOR ALL SECTIONS			
<u>Name of Current & Prior Carriers</u>	<u>Expiring Premium</u>	<u>Policy Expiration Date</u>	<u>Coverage Afforded</u>
	\$		
	\$		
	\$		
	\$		
	\$		

Any policy of coverage declined, cancelled or non-renewed during the prior 3 years? ☐ No ☐ Yes

If "Yes", please explain: _____

Has the applicant (insured) ever declared bankruptcy? ☐ No ☐ Yes

If "Yes", please explain: _____

Any losses in the past 5 years? ☐ No ☐ Yes If "Yes", advise to the following:

	<u>Claim Details (date; cause; open or closed; etc.)</u>	<u>Amount Paid / Amount In Reserve</u>
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

Applicant's (Insured's) Signature	Printed Name	Title	Date
Agent's Signature	Printed Name	Title	Date