

Marine Property Supplemental

(To be submitted with ACORD Applications and Itemized Statement of Values)

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 #:

PHYSICAL LOCATION GENERAL INFORMATION			
Address:			
1.			
2.			
3.			
Locations			
	1	2	3
1. Protection Class:			
2. Paid or volunteer local fire protection?			
3. Distance from local fire department station:			
4. Public fire hydrants (number and distance):			
5. Automatic Fire Alarm?			
6. Automatic Sprinklers / Fire Suppression System?			
7. Automatic Commercial Cooking Exhaust and Extinguishing System?			
8. Automatic / emergency fuel shutoff valve?			
9. Automatic Burglary Alarm System that signals to a Central Station or police station?			
10. Watchman service after business hours?			

DOCKS, PIERS, SEAWALLS, BULKHEADS, MOORINGS & WHARVES SECTION
(Must Provide A Diagram of the On-Water Property)

DOCKS <input type="checkbox"/> N/A			
Locations			
	1	2	3
<u>FLOATING DOCKS</u>			
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:			
<u>FIXED DOCKS</u>	1	2	3
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:			

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? _____			

BUILDING / BPP / OTHER 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: _____					
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%			

BUILDING / BPP / OTHER 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%	\$ _____	
	\$ _____	<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: _____					
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%		_____	

<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: _____					
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%		_____	

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