

Application for Marina Operators Liability Insurance

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.

1. Name of Applicant		2. Applicant Web Site
3. Applicant Address (No., Street, City, State, Zip Code)		4. Telephone No.
5. How long in operation under present management	6. No. of Full-Time Employees	7. No. of Part-Time Employees
8. Name of Operations Manager	9. Age	10. Experience in this field

MARINA LOCATION

11. Marina Address (No. Street, City, State, Zip Code)

12. No. of Slips	13. No of Docks	14. Age of Docks
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STORAGE OPERATIONS

15. What was the maximum number of Vessels stored at any one time during the past year? _____ # wet _____ # dry

16. What is estimated average value of individual vessels stored during the past year? \$ _____

17. What is the estimated maximum value of any one vessel stored in the past year? \$ _____

18. How many of the slips available were rented last year?

19. Type of Storage: _____% in Racks _____% in Trailers _____% in Cradles _____% in Jack Stands

20. Height of rack storage?

HAULING AND LAUNCHING

21. Describe equipment, last inspection and certification: _____

a. Location: _____ b. Design: _____

c. Power: _____ d. Capacity: _____

e. Mobile: _____ f. Stationary: _____

g. Number of vessels repaired in the last 12 months? _____

h. Average value of vessel? \$ _____

i. Maximum value of vessel? \$ _____

j. Number of vessels hauled out in the last 12 months for:

1) Repairs _____

2) Storage _____

3) Other _____

22. Boating Season: From: _____ To: _____

23. Depth of water at all locations (M.L.W.) _____

24. Give range of tide in feet: _____

FUELING AND FIRE PROTECTION

25. Pollution containment plan and equipment, describe and list: _____

- a. Do you have any fueling operation? Yes No
- b. What is its nature (gas or diesel)? _____
- c. How far from storage or moorage area? _____
- d. Is there a shut off switch at fueling dock? Yes No
- e. What is the age and condition of pumps and hoses? _____
.....
- f. Is there fire fighting equipment at the fueling dock? Yes No
26. Is the Public Fire Department Paid or Volunteer?..... _____
27. How many Public Fire Hydrants are on location? _____
- a. What is the distance? _____
28. What is the size of the Public Fire Mains? _____
- b. What is the pressure of the mains? _____
29. Do you have Private Fire Protection? Yes No
- If yes, please describe:* _____

GROSS RECEIPTS AND GENERAL

30. Please provide Annual Gross Receipts for the following:
- a. Storage? \$ _____
- b. Moorage? \$ _____
- c. Repairs? \$ _____
- d. Fueling? \$ _____
- e. Hauling and Launching? \$ _____
- f. Other? _____ \$ _____
31. Give names and past experience of key personnel: *Attach a separate sheet of paper if necessary.*

32. How long has the marina been in operation under present management? _____
- a. Give prior business names if any: _____
33. Previous Insurance Carrier. *Please provide copy of the Policy if not St. Paul Travelers.*

34. Has any company refused or cancelled any insurance applied for or in force during the past 5 years? Yes No
If yes, please explain on a separate sheet of paper.

35. List any losses from any cause within the last five years with dates and amounts. Include any losses incurred under any other entity or names. *Please use separate sheet of paper if necessary.*

36. Additional comments if any: _____

FRAUD WARNING [Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah, or Vermont]: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

HAWAII FRAUD WARNING: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

REQUIRED COMPLETION - READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

Applicant's Signature X	Date
Agent's Signature X	Date