



**Pacific Ocean Marine**  
MARINE INSURANCE SPECIALIST

# APPLICATION FOR MARINA OPERATORS

PLEASE COMPLETE THE ATTACHED QUESTIONNAIRE AS FULLY AS POSSIBLE

Proposed Effective Date: \_\_\_\_\_ 12:01 AM

Expiration Date: \_\_\_\_\_ 12:01 AM

New Policy?  Yes  No

Expiring Policy Date: \_\_\_\_\_

Name of Insured/s:
Mailing Address:
Location (attach separate sheet if more than one):
Number of years in business:
Interest of the Named Insured/s in the described premises: <input type="checkbox"/> Owner <input type="checkbox"/> General Lease <input type="checkbox"/> Tenant <input type="checkbox"/> Other
Describe:
Type of Risk: <input type="checkbox"/> Yacht Club <input type="checkbox"/> Marina <input type="checkbox"/> Other
Describe:
Limit Required (per occurrence): \$
Deductible Required (per occurrence): \$

# UNDERWRITING INFORMATION

Please answer all questions

How long in operation under present management: \_\_\_\_\_

Name(s) and Past Experience(s) of key personnel: \_\_\_\_\_

\_\_\_\_\_

Number of employees: \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_

Fire Protection:

Public \_\_\_\_\_ Paid \_\_\_\_\_ Volunteer \_\_\_\_\_

Distance from premises \_\_\_\_\_ Number of fire hydrants on premises \_\_\_\_\_

Number of fire extinguishers \_\_\_\_\_

If racked storage, how many sprinkler heads per pod \_\_\_\_\_

Please, give a full description of other fire protections \_\_\_\_\_

\_\_\_\_\_

Is formal safety program in force? (circle) YES / NO

Person to contact for survey \_\_\_\_\_

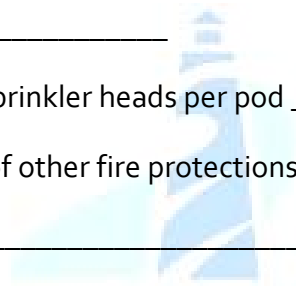
Are night-watchmen employed on premises? (circle) YES / NO

Are premises floodlit at night? (circle) YES/ NO

Is storage area fenced in? (circle) YES / NO Describe fencing: \_\_\_\_\_

Does the facility own any automobiles? (circle) YES / NO

Is hired and non-owned auto liability required? (circle) YES / NO



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# ANTICIPATED ANNUAL GROSS RECEIPTS FOR OPERATION

Please answer all questions

Mooring / slip rental \$ \_\_\_\_\_ Ship store / marine store \$ \_\_\_\_\_

Alcoholic Beverage \$ \_\_\_\_\_

Storage (normal) \$ \_\_\_\_\_ Restaurant / Snack Bar \$ \_\_\_\_\_

Alcoholic Beverage \$ \_\_\_\_\_

Storage (racked) \$ \_\_\_\_\_ Hotel / Campground \$ \_\_\_\_\_

Fueling \$ \_\_\_\_\_ New / Used Boat Sales \$ \_\_\_\_\_

Repairs / Servicing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

## CLAIMS AND LOSSES OVER THE LAST 5 YEARS –

List all losses and give full details. Use a separate sheet if necessary

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# SPECIFIC INFORMATION IN RESPECT OF MARINA OPERATORS

Please answer all questions

Number of docks \_\_\_\_\_

Number of Slips \_\_\_\_\_

Covered \_\_\_\_\_

Uncovered \_\_\_\_\_

Percentage of available slips normally rented at any one time \_\_\_\_\_ %

Maximum number of slips in use at any one time \_\_\_\_\_

Average value of boats per slip \$ \_\_\_\_\_ Maximum Value \$ \_\_\_\_\_

If racked storage, how many pods? \_\_\_\_\_

Percentage of available pods rented at any one time? \_\_\_\_\_ %

Maximum number of pods in use at any one time \_\_\_\_\_

Average number of boats stored ashore at any one time:

Normal: \_\_\_\_\_ Racked: \_\_\_\_\_

Maximum number of boats stored ashore at any one time:

Normal: \_\_\_\_\_ Racked: \_\_\_\_\_

Average value of any one boat stored ashore \$ \_\_\_\_\_

Maximum value of any one boat stored ashore \$ \_\_\_\_\_

Hauling and launching: Describe methods and equipment used: \_\_\_\_\_

\_\_\_\_\_

Average number of boats launched / hauled per day \_\_\_\_\_

Maximum number of boats launched / hauled per day \_\_\_\_\_

Repairs and servicing carried out:

Servicing \_\_\_\_\_% (Mechanical \_\_\_\_\_%, Electrical \_\_\_\_\_%)

Rigging \_\_\_\_\_% Painting \_\_\_\_\_% Welding / burning \_\_\_\_\_%

Other \_\_\_\_\_% Describe: \_\_\_\_\_

Inside building \_\_\_\_\_% Outside in the yard or at the slip \_\_\_\_\_%

Fueling: Gas \_\_\_\_\_% Diesel \_\_\_\_\_%

Does the insured and/or their employees do all of the fueling? YES / NO

If no, explain: \_\_\_\_\_

Other operations (describe) \_\_\_\_\_

\_\_\_\_\_



### Fraud Warning:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or a 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 such a person to criminal and civil penalties.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_