

MARINA OPERATOR'S LIABILITY APPLICATION

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| 1. Applicants name and mailing address: | | | |
| 2. Marina address: | | | |
| 3. Number of years in business (by present owner): | | | |
| 4. Additional related experience of owner and/or operator(s) of marina: | | | |
| 5. Usual operating season: | | Open all year: <input type="checkbox"/> | Closed in winter <input type="checkbox"/> |
| 6. a. Are docks removed from the water during winter season? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. If yes describe winter storage arrangements: | | | |
| 7. a. Age of docks: | | b. Construction: | |
| c. mooring arrangement: | | | |
| d. When last surveyed/inspected: | | | |
| e. Describe maintenance schedule for the docks: | | | |
| 8. Number of slips: | | | |
| 9. Average value of vessel kept at marina: | | | |
| 10. Maximum value at marina any one time: | | | |
| 11. a. Annual gross receipts: | | | |
| b. Advise percentage (%) of gross receipts derived from the following activities: | | | |
| Moorage: | Repairs/Maintenance: | Sales: | Haul/launching: |
| Fueling: | Storage ashore/afloat: | Boat rentals: | Other (describe): |
| 12. a. Are any of the services listed in 11. sub-contracted out? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Are sub-contractors required to carry their own liability insurance? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. If storing (ashore or afloat) describe method: | | | |
| <i>(if stored in a building complete and attach supplementary building application)</i> | | | |
| 14. a. If fueling advise age of tanks: | | | |
| b. Location of tanks: | | Ashore <input type="checkbox"/> | On the docks <input type="checkbox"/> |
| c. Fuelling conducted by: | | Employees <input type="checkbox"/> | Boat owners <input type="checkbox"/> |
| d. Date tanks and equipment last inspected: | | <i>(select one of the above)</i> | |
| <i>(attach copy of inspection)</i> | | | |

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| 15. If sales, repairs and/or maintenance please attach completed supplementary applications (ie boat dealers a/o shiprepairing applications) if applicable or describe in full: | |
| 16. Fire Protection <i>(select whichever apply)</i> Fire Hall: Volunteer <input type="checkbox"/> Paid <input type="checkbox"/> Nearest hall: kms Nearest hydrant: kms Smoke detectors <input type="checkbox"/> Fire alarms <input type="checkbox"/> Other <i>(describe)</i> | |
| 17. Security: <i>(select whichever apply)</i> Completed fenced <input type="checkbox"/> 24 Hour Watchman <input type="checkbox"/> Night Watchman <input type="checkbox"/> Floodlights <input type="checkbox"/> Gated/locked access <input type="checkbox"/> Members only <input type="checkbox"/> Other <i>(describe)</i> <input type="checkbox"/> | |
| 18. Describe other businesses also located at or adjacent to this marina whose customers would have access to the docks (eg. pubs or cafes etc...): | |
| 19. a. Are any of above businesses owned by applicant but operated by third parties? Yes <input type="checkbox"/> No <input type="checkbox"/> b. Do these third parties have their own liability insurance policy in force? Yes <input type="checkbox"/> No <input type="checkbox"/> c. Is the applicant named as an additional named insured? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 20. a. Is a Hold Harmless/Moorage Agreement in use? Yes <input type="checkbox"/> No <input type="checkbox"/> b. If yes please attach a copy. | |
| 21. a. Are there any signs posted stating USE AT OWN RISK or similar? Yes <input type="checkbox"/> No <input type="checkbox"/> b. If yes please describe wording and locations of signs: | |
| 22. a. Have you had and claims or losses over the past 5 years? If so, please provide details: b. Have you been involved in any major losses at any time? If so, please provide details: | |
| 23. Prior insurance company: | Policy No. Expiry date: |
| 24. a. Have you ever been cancelled by an insurer? Yes <input type="checkbox"/> No <input type="checkbox"/> b. If yes please advise why: | |
| 25. a. Limit of Liability requested: | b. Deductible: |

Agent's Name and Address: _____

Agent / broker's signature: _____

Applicant's signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the

Insurer, Broker, or their representatives to verify that the above information contained in this application is true.