

# MARINA OPERATORS LEGAL LIABILITY APPLICATION



Applicant's Full Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Number of years in operation under present ownership: \_\_\_\_\_ Name of operating manager: \_\_\_\_\_

Experience in marina and/or boat yard operations: \_\_\_\_\_ # of full-time employees: \_\_\_\_\_ # of part-time employees: \_\_\_\_\_

## BUILDING DESCRIPTIONS

This form of policy covers liability to private pleasure type boats and equipment thereon, in your custody for repairs, maintenance, storage, mooring, hauling, launching, and while servicing with fuel, provisions, etc.

List of all premises, with their complete address, at which such operations are performed:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

What is the age, construction and use of any permanent buildings, and are they protected with a sprinkler system?

PREMISES	AGE	CONSTRUCTION	USE OF BUILDING	SPRINKLERED
A				<input type="checkbox"/> Yes <input type="checkbox"/> No
B				<input type="checkbox"/> Yes <input type="checkbox"/> No
C				<input type="checkbox"/> Yes <input type="checkbox"/> No

## FIRE PROTECTION AND SECURITY MEASURES

	PREMISES					
	A		B		C	
Certified central station alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Watchman service when premises not open for business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area completely fenced & lighted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alarm system with outside siren?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other measures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate distance from local Fire Department:	What is the average depth of water in the marina area?					

## REPAIR OPERATIONS

	PREMISES		
	A	B	C
What was the <b>estimated highest value</b> of any one yacht repaired during the last 12 months?	\$ _____	\$ _____	\$ _____
What was the <b>estimated maximum value</b> of yachts under repair at any one time during the last 12 months?	\$ _____	\$ _____	\$ _____

Does yard permit owners to work on their own boats?  Yes  No

If "Yes", please describe your restrictions imposed with regard to such work, and any yard furnished tools and equipment available for owner's use:

What were your gross receipts from repair operations during the last 12 months: \_\_\_\_\_

## STORAGE OPERATIONS

Note: Boats in storage are those which are laid-up and out-of-commission during the lay-up season, not being used by anyone, either afloat (on a mooring or in a slip) or ashore.

	PREMISES		
	A	B	C
What was the <b>maximum number</b> of yachts stored at any one time during the last 12 months?	Ashore in Buildings:	# _____	# _____
	Ashore in the Open:	# _____	# _____
	Afloat Covered:	# _____	# _____
	Afloat Open:	# _____	# _____
	Mooring at Buoys:	# _____	# _____

		A	PREMISES B	C
What was the <b>estimated average value</b> of an individual yacht stored during the last 12 months?	Ashore in Buildings:	\$	\$	\$
	Ashore in the Open:	\$	\$	\$
	Afloat Covered:	\$	\$	\$
	Afloat Open:	\$	\$	\$
	Mooring at Buoys:	\$	\$	\$

What is the period of the customary lay-up in your area: From: \_\_\_\_\_ To: \_\_\_\_\_

What were your gross receipts from storage operations during the past 12 months? \$ _____		A	PREMISES B	C
How many mooring slips and/or mooring bouys are available for rental?	Covered Slips:	#	#	#
	Open Slip:	#	#	#
	Mooring at Buoys:	#	#	#
What is the estimated average value of an individual yacht moored at such slips or buoys?	Covered Slips:	\$	\$	\$
	Open Slip:	\$	\$	\$
	Mooring at Buoys:	\$	\$	\$

What were your gross receipts from mooring and slip rental operations during the last 12 months?

What percentage of members rent slip and/or buoys on a yearly basis?

**FUELING**

What was your gross receipts from fuel and oil sales during the last 12 months? \$ \_\_\_\_\_ What was the anticipated amount? \$ \_\_\_\_\_

Does the boat owner or marina employee fuel the boats?

**HAULING AND LAUNCHING**

Gross receipts, if any, from hauling and launching (not in conjunction with storage or repair): Past 12 months? \$ \_\_\_\_\_ Anticipated? \$ \_\_\_\_\_

Describe hauling and launching facilities:

\_\_\_\_\_

Is the marine railway/travel lift, etc. certified?  Yes  No  N/A

**MISCELLANEOUS**

Receipts from provisional sales and other transient services including mooring on a seasonal basis: Past 12 months? \$ \_\_\_\_\_ Anticipated? \$ \_\_\_\_\_

Do you own or operate any watercraft in connection with marina activities?  Yes  No

This form of policy **does not** cover your liability in respect of any type of commercial craft. If you repair, store or service such vessels in any way, please indicate below, as coverage is available under a different form of policy and at separate premium.

Are there any floating docks at any locations?  Yes  No

Length at **A** \_\_\_\_\_ Length at **B** \_\_\_\_\_ Length at **C** \_\_\_\_\_

Do you sign a "Hold Harmless" agreement (contract)?  Yes  No If "Yes", please enclose specimen.

**LIMITS OF LIABILITY**

This form of policy also covers, under the P & I endorsement, if requested, your liability for third party damage, and third party loss of life and personal injury, when insured boats are being operated by you or your employees.

		A	PREMISES B	C
Please indicate the limits of liability desired for claims arising out of:	a) Any one accident or occurrence:	\$	\$	\$
	b) Any one vessel:	\$	\$	\$

Protection and Indemnity Endorsement: \$ \_\_\_\_\_

**LOSS RECORD**

Please list all claims made against you during the past five years resulting from operations covered by this form of policy:

	DATE	CAUSE	AMOUNT PAID OR ESTIMATED IF CLAIM NOT YET SETTLED
OCCURRENCE 1			\$
OCCURRENCE 2			\$
OCCURRENCE 3			\$

**PREVIOUS INSURER**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

# Years with Current Insurer: \_\_\_\_\_ Does Applicant have other business with Royal & SunAlliance?  Yes  No

Additional Information: \_\_\_\_\_

Desired effective date: \_\_\_\_\_

**IMPORTANT**

The completion and signing of this application does not bind the Applicant or the Company to effect insurance of the risk. It is submitted only for the purposes of rating and quotation, if acceptable to this Company. To ensure prompt quotation, please complete entire application, striking out coverages required. An incomplete or unsigned application will be returned.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address