

4. If any Land Based Building listed above is over 30 years old, please provide the date of the most recent update(s):					
	Bldg# _____	Bldg# _____	Bldg# _____	Bldg# _____	Bldg# _____
Date of Most Recent Roofing Update					
Date of Most Recent Electrical Update					
Date of Most Recent Plumbing Update					
Date of Most Recent Heating Update					
5. Please list your desired Limit(s) for all desired Coverage(s) for <u>each</u> Land Based Building located at your premises:					
	Bldg# _____	Bldg# _____	Bldg# _____	Bldg# _____	Bldg# _____
Building	\$	\$	\$	\$	\$
Business Personal Property	\$	\$	\$	\$	\$
Business Income	\$	\$	\$	\$	\$

FLOATING PROPERTY					
6. Please describe your Floating Property :					
	Dock/ Bldg# _____	Dock/ Bldg# _____	Dock/ Bldg# _____	Dock/ Bldg# _____	Dock/ Bldg# _____
Dock Name, Letter or Number					
Description (e.g. Dock, Store, Restaurant, Cabin, etc...)					
Dock Construction Type (e.g. Wood or Steel)					
Age					
Number of Slips					
Are your Docks covered (i.e. with roofs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Located on a waterway that is subject to tides and/or rising water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spud Pole construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recently (i.e. within 12 months) tagged or purchased Fire Extinguisher(s) located on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Please list your desired Limit(s) for your Floating Property :					
	Dock/ Bldg# _____	Dock/ Bldg# _____	Dock/ Bldg# _____	Dock/ Bldg# _____	Dock/ Bldg# _____
Building	\$	\$	\$	\$	\$
Business Personal Property	\$	\$	\$	\$	\$
Business Income	\$	\$	\$	\$	\$

VESSELS/WATERCRAFT						
8. Please list <u>each</u> of your Vessels/Watercraft :						
	HP	Year	Manufacturer	Model	Serial Number	Limit
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$

BOAT DEALERS' INVENTORY		
9. Please provide the your Boat Inventory Limits for this location (do not include the Vessels/Watercraft listed above):		
	Maximum Limit Per Vessel/Watercraft	Total Limit at Premises
	\$	\$
10. What percentage of your Boat Inventory is:		
Owned by you? _____ % Held on consignment for the Manufacturer? _____ %		

MISCELLANEOUS PROPERTY					
11. Please list <u>each</u> item :					
	Year	Manufacturer	Model	Serial Number	Limit
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$

Applicant and Producer Signatures

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR MARINA OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	
Producer's Signature:		Producer's Name:	