**Stuckey & Company**

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**HARBORGUARD PROGRAM APPLICATION**

**SECTION I – GENERAL INFORMATION *PLEASE COMPLETE EVERY ITEM OR INDICATE N/A***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Name of Applicant: |       | RequestedEffective Date: |       |  |
|  |  |
|  | DBA: |       |  |
|  *(If applicable, include DBA or Trade Name)* |
|  | **Do you conduct Operations under any other Name(s)? [ ]  Yes [ ]  No If yes, please list Name(s) on a separate page.** |  |
|  |
| 2. | Mailing Address: |       |  |
|  |  | *(Street)* |  |
|  |  |       |       |       |       |  |
|  |  | *(City)* | *(County)* | *(State)* | *(Zip Code)* |  |
|  | Physical Address: |       |  |  |  |
|  |  | *(Street)* |  |  |  |
|  |  |       |       |       |       |  |
|  |  | *(City)* | *(County)* | *(State)* | *(Zip Code)* |  |
|  | **Do you have any other Location(s)?** **[ ]  Yes** **[ ]  No If yes, please list Location Address(es) on a separate page.** |  |
|  |
| 3. | Business Owner(s): |       | Percentage(s) of Ownership: |       | % |  |
|  |
|  |  |       |  |       | % |  |
|  |
|  |
| 4. | Contact Name: |       |  |  |
|  |
|  |
| 5. | Phone: |       | Email: |       |  |
|  |
|  | Fax: |       | Website: |       |  |
|  |
|  |
| 6. | Business Type:[ ]  Individual [ ]  Partnership [ ]  Corporation [ ]  LLC [ ]  Other **(Describe)**: |       |  |
|  |
|  |
| 7. | Number of years in business under the above name: |        |  |  |
|  |
|  |
| 8. | Provide the number of years of Marine experience for each:  | Owner: |       | Manager: |       |  |  |
|  |
|  | **A.** | **If applicable, describe the Owner’s prior Marine experience:** |       |  |
|  |
|  |  |       |  |
|  |
|  | **B.** | **If applicable, describe the Manager’s prior Marine experience:** |       |  |
|  |
|  |  |       |  |
|  |
|  |
| 9. | Within the last 10 years, has the Business Owner operated under any other name or does the Business Owner currently own any other Entities or operate any other Businesses? | [ ]  Yes [ ]  No |
|  |
|  | **If yes, answer A-C.** |  |
|  | **A.** | Provide the Business name and describe their operations: |       |  |
|  |
|  |  |       |  |
|  |
|  | **B.** | Is this Business still active? | [ ]  Yes [ ]  No |
|  | **C.** | If still active, is there separate General Liability insurance in place for such operations? | [ ]  N/A | [ ]  Yes [ ]  No |
|  |

**SECTION II – OPERATIONS *PLEASE COMPLETE EVERY ITEM OR INDICATE N/A***

|  |
| --- |
|  |
| 1. | Your premises are located on which body of water? |       |  |
|  |
|  | **A.** | **Who governs this body of water (e.g. Corp of Engineers, TVA, etc)?** |       |  |
|  |
|  |  |       |  |
|  |

|  |
| --- |
|  |
| 2. | Are you open for business all 12 months of the year?  | [ ]  Yes [ ]  No |
|  | **A.** | **If no, when are you open?** | From: |       | To: |       |  |
|  |
|  |
| 3. | Provide your Total Estimated Annual Gross Sales: | $ |       |  |  |
|  |
|  |
| 4. | Provide your Total Estimated Annual Gross Sales for **each** applicable operation: |  |
|  | **Operation Description** | **Class Code** | **Total Estimated Annual Gross Sales** |  |
|  | Boat Dealers | 10101 | $ |       |  |
|  | Boat Storage and Moorage | 10105 | $ |       |  |
|  | Boat Yards or Marinas – public | 10107 | $ |       |  |
|  | Boat Yards or Marinas – cooperative or common tenant  | W6108 | $ |       |  |
|  | Boats – rented to others – NOC | 10119 | $ |       |  |
|  | Boat Repair and Servicing | 91235 | $ |       |  |
|  | Other - Fueling Station |  | $ |       |  |
|  |  |  |
|  | Store – food or drink | 18435 | $ |       |  |
|  | Store – no food or drink | 18437 | $ |       |  |
|  |  |  |
|  | Restaurants – with no sale of alcoholic beverages – with table service | 16900 | $ |       |  |
|  | Restaurants – with no sale of alcoholic beverages – without table service – with seating | 16901 | $ |       |  |
|  | Restaurants – with no sale of alcoholic beverages – without seating  | 16902 | $ |       |  |
|  | Restaurants – with sale of alcoholic beverages that are less than 30% of the annual receipts of the restaurant – with seating | 16910 | $ |       |  |
|  |  |  |
|  | Liquor Sales | $ |       |  |
|  |  |  |
|  | Catering | 11039 | $ |       |  |
|  | Halls | 44276 | $ |       |  |
|  |  |  |
|  | Campgrounds or Recreational Vehicle (RV) Parks | 10331 | $ |       |  |
|  | Hotels and Motels – with pools and beaches – less than 4 stories  | 45190 | $ |       |  |
|  | Hotels and Motels – without pools and beaches – less than 4 stories | 45192 | $ |       |  |
|  |  |  |
|  | Other **(Describe)**: |       | $ |       |  |
|  | Other **(Describe)**: |       | $ |       |  |
|  | Other **(Describe)**: |       | $ |       |  |
|  |
|  |
| 5. | How many Workboats do you own (i.e. Boats other than those held for rental to others)? |       |  |  |
|  |
|  |
| 6. | Do you lease space in any of your Buildings to others? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-C. (Attach a separate page if necessary.)** |  |
|  | **A.** | Who is the Tenant? |       |  |
|  |
|  | **B.** | What are the Tenant’s operations? |       |  |
|  |
|  | **C.** | What is the total area of the Building? |       | Square Feet |  |
|  |
|  |
| 7. | Are there any Dwellings located at your site?  | [ ]  Yes [ ]  No |
|  |
|  | **A.** | **If yes, how many of these Dwellings do you own and lease to others?** |       |  |  |
|  |
|  |
| 8. | Do you sponsor or run any Special Events? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-B.** |  |
|  | **A.** | What type of events? |       |  |
|  |
|  |  |       |  |
|  |
|  | **B.** | How many events are held annually? |       |  |  |
|  |
|  |
| 9. | Do you use a Crane/Boat Lift?  | [ ]  Yes [ ]  No |
|  | **If yes, answer A-I.** |  |
|  | **A.** | Is the Crane/Boat Lift (i.e. including the Slings and Harnesses) inspected and tested prior to use? | [ ]  Yes [ ]  No |
|  | **B.** | Is the Crane/Boat Lift located on firm ground? | [ ]  Yes [ ]  No |
|  |

|  |
| --- |
|  |
|  | **C.** | Is the Crane/Boat Lift operated by a properly licensed Employee or Contract Worker? | [ ]  Yes [ ]  No |
|  | **D.** | Prior to lifting, does the Boat Owner verify the Boat’s weight (i.e. including the tear weight and the total weight) and sign-off on the Work Order? | [ ]  Yes [ ]  No |
|  | **E.** | What is the maximum height of any lift? |       | Feet |  |
|  |
|  | **F.** | How old are your Slings? |       | Years Old |  |
|  |
|  | **G.** | How old are your Harnesses? |       | Years Old |  |
|  |
|  | **H.** | Do you use any modified equipment? | [ ]  Yes [ ]  No |
|  |  | **(i)** | **If yes, has this equipment been pre-approved in writing by the Manufacturer, or by a nationally recognized testing laboratory, and found to be as safe as the equipment prior to the modification?** | [ ]  Yes [ ]  No |
|  | **I.** | Do you rent or loan your Crane/Boat Lift to others during the off season? | [ ]  Yes [ ]  No |
|  |
|  |
| 10. | Do you provide Pump-out Service? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-C.** |  |
|  | **A.** | Do you currently have a Pollution Policy in place? | [ ]  Yes [ ]  No |
|  | **B.** | Do you maintain all environmental records in accordance with State and Local Regulations? | [ ]  Yes [ ]  No |
|  | **C.** | Do you have a plan in place addressing the handling of environmental spills? | [ ]  Yes [ ]  No |
|  |
|  |
| 11. | Do you operate a Fueling Station? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-V.** |  |
|  | **A.** | Do you currently have a Pollution Policy in place? | [ ]  Yes [ ]  No |
|  | **B.** | Have you ever reported a leak, spill, release or discharge? | [ ]  Yes [ ]  No |
|  | **C.** | Have you ever had any violations or have you ever received a notice of a regulatory violation?  | [ ]  Yes [ ]  No |
|  | **D.** | Have you ever sustained any pollution-related claims or liability lawsuits or any pollution-related complaints from neighbors? | [ ]  Yes [ ]  No |
|  | **E.** | Are you currently undergoing any type of corrective action or monitoring? | [ ]  Yes [ ]  No |
|  | **F.** | Do you know of any facts or circumstances which may result in a claim for environmental cleanup or response or Bodily Injury or Property Damage, arising from the release of pollutants in the environment? | [ ]  Yes [ ]  No |
|  | **G.** | Are you in compliance with all EPA, Federal, State and Local Safety, Health and Environmental Regulations? | [ ]  Yes [ ]  No |
|  | **H.** | Do you have any plans to remove, replace, upgrade or modify any of your Tanks, Piping or Dispensers? | [ ]  Yes [ ]  No |
|  | **I.** | Is there any indication that any of your Tanks, Piping or Dispensers are leaking, may be leaking or have leaked in the past? | [ ]  Yes [ ]  No |
|  | **J.** | Number of Tanks located at your site:  |       | Underground |       | Aboveground |  |
|  |
|  | **K.** | What is the age of your oldest Tank? |       | Years Old |  |
|  |
|  | **L.** | Describe the Tank’s construction: | [ ]  | Coated Bare Steel | [ ]  | Single Wall Corrosion Protected Steel |  |
|  |  | [ ]  | Double Wall Corrosion Protected Steel | [ ]  | Single Wall Fiberglass | [ ]  | Double Wall Fiberglass |  |
|  |
|  | **M.** | What is the maximum contents capacity of your largest Tank? |       | Gallons and |       | Gallons/Compartment |
|  | **N.** | Are all Tanks properly certified with no lapse in certification? | [ ]  Yes [ ]  No |
|  | **O.** | Is inventory control performed daily? | [ ]  Yes [ ]  No |
|  | **P.** | Are all monthly variances of inventory considered within regulatory allowable ranges? | [ ]  Yes [ ]  No |
|  | **Q.** | Are all Tanks and Piping subject to monthly leak detection testing? | [ ]  Yes [ ]  No |
|  | **R.** | What is the age of your oldest Piping? |       | Years Old |  |
|  | **S.** | Are all environmental records maintained according to State and Local Regulations? | [ ]  Yes [ ]  No |
|  | **T.** | Do you have spill containment or overfill protection for your Underground Tanks and a means of containment for your Aboveground Tanks? | [ ]  Yes [ ]  No |
|  | **U.** | Is fueling always performed by an Employee Attendant? | [ ]  Yes [ ]  No |
|  |  | **(i)** | **If no, is an Employee Attendant always on site when fueling is performed by the Boat Operator?** | [ ]  Yes [ ]  No |
|  | **V.** | Do you offer 24 hour self-service fueling? | [ ]  Yes [ ]  No |
|  |
|  |
| 12. | Do you Rent Boats? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-K.** |  |
|  | **A.** | What type of Boats do you rent (e.g. Motorboats, Houseboats, etc)? |       |  |
|  |
|  |  |       |  |
|  |

|  |
| --- |
|  |
|  | **B.** | What are your Total Estimated Annual Gross Sales from this operation? | $ |       |  |  |
|  |
|  | **C.** | What is the minimum age requirement for a Renter? |       | Years Old |  |
|  |
|  | **D.** | Is each Renter required to sign your Rental Agreement? | [ ]  Yes [ ]  No |
|  | **E.** | Has you Rental Agreement been reviewed by an Attorney? | [ ]  Yes [ ]  No |
|  | **F.** | Do you complete an Inspection Checklist and review it with the Renter prior releasing the Boat? | [ ]  Yes [ ]  No |
|  | **G.** | Are maintenance records maintained and available for review on each Rental Boat? | [ ]  Yes [ ]  No |
|  | **H.** | Do you have guidelines and procedures in place addressing the proper handling of any intoxicated or impaired Renter? | [ ]  Yes [ ]  No |
|  | **I.** | Are properly fitted Life Jackets provided for all parties on each Rental Boat? | [ ]  Yes [ ]  No |
|  |  | **(i)** | **If yes, are all Rental Boat personnel advised to wear them?** | [ ]  Yes [ ]  No |
|  | **J.** | At the end of the Rental period, is the Renter asked if there were any incidences? | [ ]  Yes [ ]  No |
|  |  | **(i)** | **If yes, is this information recorded on the Rental Agreement?** | [ ]  Yes [ ]  No |
|  | **K.** | Do you offer overnight Rentals (i.e. other than for Houseboats) or ocean bound Rentals? | [ ]  Yes [ ]  No |
|  |
|  |
| 13. | Do you operate a Campground or a Recreation Vehicle (RV) Park? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-F.** |  |
|  | **A.** | How many sites do you own? |       |  |  |
|  |
|  | **B.** | Are Maintenance records maintained for all rental units? | [ ]  Yes [ ]  No |
|  | **C.** | Is drinking water obtained from a non-public water source? | [ ]  Yes [ ]  No |
|  |  | **(i)** | **If yes, is it tested at least semi-annually?** | [ ]  Yes [ ]  No |
|  | **D.** | Is emergency lighting provided in each guest room and common hallway? | [ ]  Yes [ ]  No |
|  | **E.** | Are your park rules posted and listed in your Guest Registration Form? | [ ]  Yes [ ]  No |
|  | **F.** | Are speed limits posted? | [ ]  Yes [ ]  No |
|  |
|  |
| 14. | Do you operate a Hotel or Motel? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-C.** |  |
|  | **A.** | How many guest rooms do you have? |       |  |  |
|  |
|  | **B.** | Is emergency lighting provided in each guest room and common hallway? | [ ]  Yes [ ]  No |
|  | **C.** | Are your park rules posted and listed in your Guest Registration Form? | [ ]  Yes [ ]  No |
|  |
|  |
| 15. | Are there any Swimming Facilities located at your site? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-L.** |  |
|  | **A.** | How many months a year are they open for use? |       | Months |  |
|  |
|  | **B.** | What type (e.g. Pool, Beach, etc)? |       |  |
|  |
|  |  |       |  |
|  |
|  | **C.** | Is access limited to your Tenants/Members and their guest? | [ ]  Yes [ ]  No |
|  | **D.** | Do you require a Parent or Legal Guardian to accompany anyone under the age of 12? | [ ]  Yes [ ]  No |
|  | **E.** | Is your Pool in compliance with the Virginia Graeme Baker Pool and Spa Safety Act as well as any other Local Codes and Ordinances? | [ ]  Yes [ ]  No |
|  | **F.** | Are there any Diving Boards or Pool Slides? | [ ]  Yes [ ]  No |
|  | **G.** | Is the entire Pool area completely fences with a self-closing and self-latching gate? | [ ]  Yes [ ]  No |
|  | **H.** | Are safety rules posted at all entrances and around the swimming area? | [ ]  Yes [ ]  No |
|  | **I.** | Are “Swim at your own risk” signs clearly visible throughout the swimming area? | [ ]  Yes [ ]  No |
|  | **J.** | Are water depths clearly marked on the top and inside the Pool? | [ ]  Yes [ ]  No |
|  | **K.** | Do you have rescue and first aid equipment located at the swimming area? | [ ]  Yes [ ]  No |
|  | **L.** | Do you maintain written documentation of water testing and system maintenance? | [ ]  Yes [ ]  No |
|  |
|  |
| 16. | Do you sell/serve Liquor? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-D.** |  |
|  | **A.** | Has your Liquor License been revoked within the last 10 years? | [ ]  Yes [ ]  No |
|  | **B.** | Has your Liquor License been suspended within the last 5 years? | [ ]  Yes [ ]  No |
|  | **C.** | Do you have a TIPS Program (or equivalent alcoholic awareness training program) in place? | [ ]  Yes [ ]  No |
|  | **D.** | Do you have procedures in place to regulate the sale of Liquor to intoxicated Customers and Minors? | [ ]  Yes [ ]  No |
|  |

**SECTION III – RISK MANAGEMENT *PLEASE COMPLETE EVERY ITEM OR INDICATE N/A***

|  |
| --- |
|  |
| 1. | Is a License required to operate in your State? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-C.**  |  |
|  | **A.** | What kind of License(s)? |        |  |
|  |
|  | **B.** | What is/are your License number(s)? |       |  |
|  |
|  |
|  | **C.** | Within the last 10 years, has any License been suspended and/or revoked? | [ ]  Yes [ ]  No |
|  |
|  |
| 2. | Describe the Owner’s involvement in the daily operations: |       |  |
|  |
|  |       |  |
|  |
|  |
| 3. | Describe the Manager’s involvement in the daily operations: |       |  |
|  |
|  |       |  |
|  |
|  |
| 4. | Is the Owner and/or Manager on site during business hours? | [ ]  Yes [ ]  No |
|  |
|  |
| 5. | Are daily premises inspections completed? | [ ]  Yes [ ]  No |
|  |
|  |
| 6. | Are daily lockup procedures in place? | [ ]  Yes [ ]  No |
|  |
|  |
| 7. | What steps are taken to protect your premises from theft? |       |  |
|  |
|  |       |  |
|  |
|  |
| 8. | Do you have written safety and emergency procedures and plans in place? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-B.** |  |
|  | **A.** | Do they include protocols for severe weather, fire or any other natural or man-made disasters? | [ ]  Yes [ ]  No |
|  | **B.** | Are they practiced and update periodically? | [ ]  Yes [ ]  No |
|  |
|  |
| 9. | Do you document and maintain records evidencing your risk management procedures and plans? | [ ]  Yes [ ]  No |
|  |
|  |
| 10. | Are you located in an area that is prone to freezing? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-C.** |  |
|  | **A.** | Do you use Water Circulation Pumps (or other devices used to prevent freezing)? | [ ]  Yes [ ]  No |
|  | **B.** | Do you have a written plan in place to address the removal of snow/ice from Docks and Dock Canopies? | [ ]  Yes [ ]  No |
|  | **C.** | Do you document and maintain records evidencing your snow/ice removal plan? | [ ]  Yes [ ]  No |
|  |
|  |
| 11. | Are Customers prohibited from using grills or other open flames on the Dock? | [ ]  Yes [ ]  No |
|  |
|  |
| 12. | Does fire protection throughout your premises meet, or exceed, NFPA guidelines? | [ ]  Yes [ ]  No |
|  |
|  |
| 13. | Are all flammables, combustibles and other hazardous materials properly stored, handled and disposed of according to EPA standards? | [ ]  Yes [ ]  No |
|  |
|  |
| 14. | If your operations include Boat Storage, do your Boat Storage Agreements include a spot for the Customer to sign-off on existing damage? | [ ]  N/A | [ ]  Yes [ ]  No |
|  |
|  |
| 15. | If your operations include Slip Rental, do you obtain a Certificate of Insurance from each Renter evidencing Boat Liability and Physical Damage coverage? | [ ]  N/A | [ ]  Yes [ ]  No |
|  | **A.** | **If yes, are all Certificates of Insurance retained for at least 5 years?** | [ ]  Yes [ ]  No |
|  |
|  |
| 16. | Do you hire Subcontractors and/or use outside Vendors? | [ ]  Yes [ ]  No |
|  | **If yes, answer A-D.** |  |
|  | **A.** | Do you obtain a Certificate of Insurance from each Subcontractor/Vendor evidencing General Liability Limits equal to, or greater than, your own General Liability Limits? | [ ]  Yes [ ]  No |
|  | **B.** | Are you added onto each Subcontractor’s/Vendor’s General Liability Policy as an Additional Insured? | [ ]  Yes [ ]  No |
|  | **C.** | Are you held harmless by each Subcontractor/Vendor? | [ ]  Yes [ ]  No |
|  | **D.** | Do you retain all Certificates of Insurance for at least 5 years? | [ ]  Yes [ ]  No |
|  |
|  |
| 17. | Do you have procedures in place for incident and claim reporting? | [ ]  Yes [ ]  No |
|  |
|  |
| 18. | Have you, or has anyone with a financial interest in the property, been convicted of arson, fraud, or other crime related to loss of property owned now or during the last 5 years? | [ ]  Yes [ ]  No |
|  |
|  |
| 19. | Have you ever been involved in any foreclosure, repossession or bankruptcy proceedings? | [ ]  Yes [ ]  No |
|  |
|  |
| 20. | Within the last 3 years, have you been fined or closed due to Department of Health or Fire Department Safety Code Violations? | [ ]  Yes [ ]  No |
|  |
|  |
| 21. | Do you currently have a Commercial Auto Policy in place? | [ ]  Yes [ ]  No |
|  |

**SECTION IV – PROPERTY COVERAGE *PLEASE COMPLETE EVERY ITEM OR INDICATE N/A***

|  |
| --- |
|  |
| 1. | Do you want to purchase Property coverage? | [ ]  Yes [ ]  No |
|  | **If yes, answer 2-10.** |  |

|  |
| --- |
| LAND BASED PROPERTY |
| 2. | Please describe each **Land Based Building** located at your premises: |  |
|  | **Building 1** | **Building 2** | **Building 3** | **Building 4** | **Building 5** |
| Occupancy Description (e.g. Office, Repair Shop, Store, Restaurant, Cabin, etc…)  |       |       |       |       |       |
| Building Construction Type (e.g. Frame, Joisted-masonry, Non-combustible, Masonry Non-combustible or Fire Resistive) |       |       |       |       |       |
| Building Age |       |       |       |       |       |
| Total Square Footage |       |       |       |       |       |
| Number of Stories |       |       |       |       |       |
| Distance to Closest Owned Building |       |       |       |       |       |
| Protection Class (e.g. 1 -10) |       |       |       |       |       |
| Distance to nearest Fire Hydrant? |       |       |       |       |       |
| Distance to nearest Fire Department? |       |       |       |       |       |
| Operational Central Station Burglary Alarm? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Operational Local Burglary Alarm? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Operational Central Station Fire Suppression (Sprinkler) System? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Operational Local Fire Suppression (Sprinkler) System? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Operational Central Station Fire Alarm? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Operational Local Fire Alarm? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Recently (i.e. within 12 months) tagged or purchased Fire Extinguisher(s)located on site? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |
| 3. | If any **Land Based Building** listed above is over 30 years old, please provide the date of the most recent update(s): |  |
|  | **Building 1** | **Building 2** | **Building 3** | **Building 4** | **Building 5** |
| Date of Most Recent Roofing Update |       |       |       |       |       |
| Date of Most Recent Electrical Update |       |       |       |       |       |
| Date of Most Recent Plumbing Update |       |       |       |       |       |
| Date of Most Recent Heating Update |       |       |       |       |       |
|  |
| 4. | Please list your desired Limit(s) for all desired Coverage(s) for each **Land Based Building** located at your premises: |  |
|  | **Building 1** | **Building 2** | **Building 3** | **Building 4** | **Building 5** |
| Building | $ |       | $ |       | $ |       | $ |       | $ |       |
| Business Personal Property | $ |       | $ |       | $ |       | $ |       | $ |       |
| Business Income | $ |       | $ |       | $ |       | $ |       | $ |       |

|  |
| --- |
| FLOATING PROPERTY |
| 5. | Please describe your **Floating Property**: |  |
|  | **Dock/Bldg 1** | **Dock/Bldg 2** | **Dock/Bldg 3** | **Dock/Bldg 4** | **Dock/Bldg 5** |
| 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)? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Located on a waterway that is subject to tides and/or rising water? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Spud Pole construction? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Recently (i.e. within 12 months) tagged or purchased Fire Extinguisher(s)located on site? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |
| 6. | Please list your desired Limit(s) for your **Floating Property**: |  |
|  | **Dock/Bldg 1** | **Dock/Bldg 2** | **Dock/Bldg 3** | **Dock/Bldg 4** | **Dock/Bldg 5** |
| Building | $ |       | $ |       | $ |       | $ |       | $ |       |
| Business Personal Property | $ |       | $ |       | $ |       | $ |       | $ |       |
| Business Income | $ |       | $ |       | $ |       | $ |       | $ |       |

|  |
| --- |
| VESSELS/WATERCRAFT |
| 7. | Please list each of your **Vessels/Watercraft**: |  |
|  | **HP** | **Year** | **Manufacturer** | **Model** | **Serial Number** | **Limit** |
| **1.** |       |       |       |       |       | $ |       |
| **2.** |       |       |       |       |       | $ |       |
| **3.** |       |       |       |       |       | $ |       |
| **4.** |       |       |       |       |       | $ |       |
| **5.** |       |       |       |       |       | $ |       |
| **6.** |       |       |       |       |       | $ |       |
| **7.** |       |       |       |       |       | $ |       |
| **8.** |       |       |       |       |       | $ |       |
| **9.** |       |       |       |       |       | $ |       |
| **10.** |       |       |       |       |       | $ |       |
| **11.** |       |       |       |       |       | $ |       |
| **12.** |       |       |       |       |       | $ |       |

|  |
| --- |
| BOAT DEALERS’ INVENTORY |
| 8. | 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 |
|  | $ |       | $ |       |
|  |
| 9. | What percentage of your **Boat Inventory** is:  |  |
|  | Owned by you? |       | % | Held on consignment for the Manufacturer? |       | % |  |

|  |
| --- |
| MISCELLANEOUS PROPERTY |
| 10. | Please list each **item**: |  |
|  | **Year** | **Manufacturer** | **Model** | **Serial Number** | **Limit** |
| **1.** |  |  |  |  | **$** |  |
| **2.** |  |  |  |  | **$** |  |
| **3.** |  |  |  |  | **$** |  |
| **4.** |  |  |  |  | **$** |  |
| **5.** |  |  |  |  | **$** |  |
| **6.** |  |  |  |  | **$** |  |
| **7.** |  |  |  |  | **$** |  |
| **8.** |  |  |  |  | **$** |  |
| **9.** |  |  |  |  | **$** |  |
| **10.** |  |  |  |  | **$** |  |
| **11.** |  |  |  |  | **$** |  |
| **12.** |  |  |  |  | **$** |  |
| **13.** |  |  |  |  | **$** |  |
| **14.** |  |  |  |  | **$** |  |
| **15.** |  |  |  |  | **$** |  |
| **16.** |  |  |  |  | **$** |  |

**SECTION V - PRIOR GENERAL LIABILITY INSURANCE**

|  |
| --- |
|  |
| 1.  | Provide Insurance Company Names as well as your Limits, Deductibles and Premiums for the last 5 years: |
| Year | General Liability Insurance Company Name | General Liability Limits | General Liability Deductible | Premium  |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|  |
| 2. | In the last 5 years, has your insurance been Declined, Cancelled or Non-renewed? | [ ]  Yes [ ]  No |
|  |  a. | If yes, please explain why: |       |  |
|  |
|  |  |       |  |
|  |

**SECTION VI - PRIOR PROPERTY INSURANCE**

|  |
| --- |
|  |
| 1.  | Provide Insurance Company Names as well as your Limits, Deductibles and Premiums for the last 5 years: |
| Year | Property Insurance Company Name | Property Limit | Property Deductible | Premium  |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|       |       | $ |       | $ |       | $ |       |
|  |
| 2. | In the last 5 years, has your insurance been Declined, Cancelled or Non-renewed? | [ ]  Yes [ ]  No |
|  |  a. | If yes, please explain why: |       |  |
|  |
|  |  |       |  |
|  |

**SECTION VII - CLAIM HISTORY**

|  |
| --- |
|  |
| 1. | Provide details for the last 5 years - if none, please state “none”: |
| **Date of Loss** | **Description of Loss** | **Open/Closed?** | **Total Incurred** |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |
|       |       |       | $ |       |

**PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING ITEMS:**

1. **YOUR BOAT RENTAL AGREEMENT (IF APPLICABLE).**
2. **YOUR SLIP RENTAL AGREEMENT (IF APPLICABLE).**
3. **5 YEAR CURRENTLY VALUED INSURANCE CARRIER LOSS RUNS FOR EACH LINE OF REQUESTED COVERAGE (REQUIRED ONLY FOR NEW BUSINESS QUOTES).**

Any Policy quoted may be subject to a Minimum Policy Premium.

**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.

**FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (For New York insureds: An act of insurance fraud shall be subject to a civil penalty not to exceed $5000 and the stated value of the claim for each such violation.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Signature:**  |  | **Date:** |       |
| **Applicant’s Name:**  |       | **Applicant’s Title:** |       |
|  |  |  |  |
| **Producer’s Signature:**  |  | **Producer’s Name:** |       |