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**HARBORGUARD PROGRAM SUPPLEMENTAL PROPERTY 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. | Physical Address: |       |  |
|  |  | *(Street)* |  |
|  |  |       |       |       |       |  |
|  |  | *(City)* | *(County)* | *(State)* | *(Zip Code)* |  |

|  |
| --- |
| LAND BASED PROPERTY |
| 3. | Please describe each **Land Based Building** located at your premises: |  |
|  | **Bldg#** |  | **Bldg#** |  | **Bldg#** |  | **Bldg#** |  | **Bldg#** |  |
| 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 |

|  |  |  |
| --- | --- | --- |
| 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 each **Land Based Building** located at your premises: |  |
|  | **Bldg#** |  | **Bldg#** |  | **Bldg#** |  | **Bldg#** |  | **Bldg#** |  |
| Building | $ |       | $ |       | $ |       | $ |       | $ |       |
| Business Personal Property | $ |       | $ |       | $ |       | $ |       | $ |       |
| Business Income | $ |       | $ |       | $ |       | $ |       | $ |       |

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| 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)? | [ ]  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 |
|  |
| 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 | $ |       | $ |       | $ |       | $ |       | $ |       |

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

|  |
| --- |
| 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 each **item**: |  |
|  | **Year** | **Manufacturer** | **Model** | **Serial Number** | **Limit** |
| **1.** |  |  |  |  | **$** |  |
| **2.** |  |  |  |  | **$** |  |
| **3.** |  |  |  |  | **$** |  |
| **4.** |  |  |  |  | **$** |  |
| **5.** |  |  |  |  | **$** |  |

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:** |       |