**Stuckey & Company**

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**HARBORGUARD PROGRAM APPLICATION**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. | Name of Applicant: | | | | |  | | | | | | | | | | | | | Requested  Effective 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 2. | Mailing Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | *(Street)* | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | *(City)* | | | | | | *(County)* | | | | | | | | *(State)* | | | | | *(Zip Code)* | | |  |
|  | Physical Address: | | | | | |  | | | | | | | | | | | | | |  | | | | |  | | |  |
|  |  | | | | | | *(Street)* | | | | | | | | | | | | | |  | | | | |  | | |  |
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|  |  | | | | | | *(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: | | | | | | | | |  | % |  |
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| 4. | Contact Name: | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  |
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| 5. | Phone: | | |  | | | | Email: | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Fax: | | |  | | | | Website: | |  | | | | | | | | | | | | | | | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Business Type: Individual  Partnership  Corporation  LLC  Other **(Describe)**: | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. | Number of years in business under the above name: | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  |
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| 8. | Provide the number of years of Marine experience for each: | | | | | | | | | | Owner: | | |  | | | Manager: | | |  | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **A.** | **If applicable, describe the Owner’s prior Marine experience:** | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **B.** | **If applicable, describe the Manager’s prior Marine experience:** | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
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| 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: | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
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|  | **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***

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|  | | | | | |
| 1. | Your premises are located on which body of water? | |  | |  |
|  | | | | | |
|  | **A.** | **Who governs this body of water (e.g. Corp of Engineers, TVA, etc)?** | |  |  |
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| 2. | Are you open for business all 12 months of the year? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | **A.** | **If no, when are you open?** | | | | From: | | | |  | | | | | To: | | |  | | | | | | | | | |  |
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| 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)? | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | |
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| 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 | | | | | | | | | | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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?** | | | | | | | | | | | | | |  | | | | |  | | | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Do you sponsor or run any Special Events? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | **If yes, answer A-B.** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **A.** | What type of events? | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **B.** | How many events are held annually? | | | | | |  | | | | |  | | | | | | | | | | | | | | |  |
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| 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 | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | **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)? | | | | | | | | | | | | | | | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | |
|  | **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:** |  |