

Marina Operators & Boat Dealers Application



OCEAN MARINE

SECTION I — GENERAL INFORMATION

Date of Application: _____ Proposed Effective Date: _____

	APPLICANT	PRODUCER
Company Name		
Address		
Telephone Number		
Email		
Website		
Contact for Inspection	Name: _____ _____	Telephone Number: _____ Email: _____

- Describe applicant's business: _____

- List all operating names and subsidiaries: _____

If applicant is a subsidiary, advise parent company: _____
- Has applicant operated under any other company name(s) in the last five (5) years? Yes No
If "Yes," advise other company name(s): _____
- Number of years in business: _____
- Is applicant a member of a trade association? Yes No
If "Yes," describe: _____
- How many years has the Producer controlled this account? _____
- Who is your current insurance carrier? _____ How many consecutive years? _____
- Has any policy or coverage ever been canceled or non-renewed? Yes No
If "Yes," explain: _____
- Has the applicant, any predecessor or any of its principals declared bankruptcy in the past five (5) years? Yes No
If "Yes," explain: _____
- Does CNA currently write any other coverage for the applicant? Yes No
If "Yes," please provide detail: _____

SECTION II - COVERAGES

Marine General Liability (MGL)
Owned Watercraft – Hull

Marina Operators including P&I
Owned Watercraft – P&I

Boat Dealers including P&I

Optional Coverages (Separate application required)

Piers, Wharves & Docks
Marina Equipment & Tools
False Pretense
Engine Hour Readings E&O Liability
Other: _____

Property
Hired and Non-Hired Auto
Truth in Lending Liability
Stop Gap Liability
Other: _____

Commercial Auto
Sudden & Accidental Pollution
Title Errors & Omissions Liability
Liquor Liability
Other: _____

SECTION III – REVENUE & PAYROLL

REVENUE

STANDARD OPERATIONS	ANNUAL GROSS REVENUE	MISC OPERATIONS	ANNUAL GROSS REVENUE
Slip, Dock Rental & Mooring	\$	Rental Watercraft	\$
Hauling & Launching	\$	Leased Property	\$
Non-Commercial Repair	\$	Sailing Schools	\$
Commercial Vessel Repair	\$	Snack Bar/Restaurant	\$
Fueling	\$	Campgrounds	\$
Ship's Store	\$	Liquor Revenue - Restaurant/Bar	\$
Storage Outside	\$	Liquor Revenue - Package Store	\$
Storage Inside (Non-Rack)	\$	Special Events	\$
Storage Inside (Rack)	\$	Motel/Hotel	\$
New Boat Sales	\$	No. of Beaches	
Used Boat Sales	\$	No. of Acres of Vacant Land	
Brokerage Commission	\$	No. of Swimming Pools	
Other: _____	\$	No. of Residential Dwellings	
Total Annual Gross Revenue	\$	Total Annual Gross Revenue	\$

PAYROLL

	PREVIOUS 12 MONTHS	CURRENT 12 MONTHS	PROJECTED 12 MONTHS
Total Annual Employee Payroll	\$	\$	\$

Number of employees: _____ Average Annual Employee Turnover: _____

Safety/Risk Control

- Does applicant have a written safety program in place? Yes No
- Does applicant hold safety meetings on a regular basis? Yes No If "Yes," how often? _____
- Has applicant's operations had an independent safety audit performed? Yes No
- Does applicant provide pre-employment screening practices and employment physical/drug testings? Yes No
- Does applicant have orientation, safety and training programs (including manuals provided) for new hires? Yes No
- Does applicant have a business continuity plan in place? Yes No

SECTION IV – SCHEDULED LOCATIONS/PREMISES

SCHEDULED LOCATIONS

LOC NO	ADDRESS
1	
2	
3	

If more than three (3) locations, please submit separate worksheet.

SCHEDULED LOCATIONS/PREMISES PROTECTION

	LOCATION 1		LOCATION 2		LOCATION 3	
U/L Certified Central Station Alarm	Yes	No	Yes	No	Yes	No
Alarm with Outside Siren	Yes	No	Yes	No	Yes	No
Gate Locks	Yes	No	Yes	No	Yes	No
Complete Fencing Around Perimeter	Yes	No	Yes	No	Yes	No
Complete Floodlighting	Yes	No	Yes	No	Yes	No
Guards/Watchmen Service	Yes	No	Yes	No	Yes	No
Fire Department Protection	Paid	Volunteer	Paid	Volunteer	Paid	Volunteer
Miles from Fire Station						
Public Fire Hydrants - Number						
Public Fire Hydrants - Distance in Feet						
Bubbler System for Winter Months	Yes	No	Yes	No	Yes	No

SECTION V — MARINE GENERAL LIABILITY

Limits Requested

OPTION A

\$1,000,000 Limit Each Occurrence
 \$2,000,000 General Aggregate Limit
 \$1,000,000 Products/Completed Ops Aggregate Limit
 \$1,000,000 Personal & Advertising Injury Limit
 \$250,000 Damage to Premises Rented to You Limit
 \$5,000 Medical Expense Limit

OPTION B

\$1,000,000 Limit Each Occurrence
 \$2,000,000 General Aggregate Limit
 \$2,000,000 Products/Completed Ops Aggregate Limit
 \$1,000,000 Personal & Advertising Injury Limit
 \$250,000 Damage to Premises Rented to You Limit
 \$10,000 Medical Expense Limit

OPTION C

If other limits are required, please advise: _____

Deductible Requested

No Deductible \$2,500 \$5,000 Other: _____

SECTION VI – MARINA OPERATORS

Limit Requested

\$500,000

\$1,000,000

Other: \$ _____

Deductible Requested

\$1,000

\$2,500

\$5,000

Other: \$ _____

BOAT REPAIR DETAILS

OPERATIONS	% OF TOTAL WORK	OPERATIONS	% OF TOTAL WORK
Engine		Electrical	
Fiberglass		Welding	
Spray Painting		Woodworking	
Non-Spray Painting		Rigging	
Installations		Canvas	
Other: _____		Other: _____	

- What is the average and highest value of any one boat repaired? \$ _____ / \$ _____
- What is the number of boats under repair at any one time? _____
- What percentage of work does applicant perform away from scheduled locations? _____ %
- Does applicant allow boat owners to work on their own vessels? Yes No
- Does applicant utilize any subcontractors on any of the work performed? Yes No
 - If "Yes," what type and percentage of work is sub-contracted? _____ %
 - Are certificates of insurance evidencing insurance obtained from subcontractors? Yes No
 - Is applicant added as an additional insured and indemnified from any liability related to the subcontractor's work? Yes No

BOAT STORAGE DETAILS

		LOCATION 1	LOCATION 2	LOCATION 3
Average Customer Boat Storage	Number / Values Inside	/ \$	/ \$	/ \$
	Number / Values Outside	/ \$	/ \$	/ \$
Maximum Customer Boat Storage	Number / Values Inside	/ \$	/ \$	/ \$
	Number / Values Outside	/ \$	/ \$	/ \$
Rack Storage		Yes No	Yes No	Yes No
If Rack Storage, Sprinkler System?		Yes No	Yes No	Yes No

SLIP, DOCK RENTAL & MOORING DETAILS

	LOCATION 1	LOCATION 2	LOCATION 3
Number of Open / Covered Slips	/	/	/
Number of Buoys / Moorings	/	/	/
Percentage of Slips / Buoys Rented	%	%	%
Average / Maximum Value of Individual Boat	\$ / \$	\$ / \$	\$ / \$

SECTION VI – MARINA OPERATORS (CONTINUED)**HAULING & LAUNCHING DETAILS**

	LOCATION 1	LOCATION 2	LOCATION 3
Number of Boats Handled Last Year			
Average / Maximum Distance Hauled	/	/	/

1. What type of equipment does applicant use during hauling and launching? _____
2. Does applicant provide training for equipment used to haul and launch boats? Yes No

FUELING DETAILS

	LOCATION 1	LOCATION 2	LOCATION 3
Who performs the fueling? Marina (M) or Boat Owner (BO)			
Number of Gallons Sold Annually			

SECTION VII – BOAT DEALERS**Limit Requested**

Limit any one vessel: \$ _____

Limit in due course of transit: \$ _____

Limit any one boat show: \$ _____

Limit any one loss or occurrence: \$ _____

False pretense limit:

\$100,000

\$300,000

\$500,000

Other: \$ _____

Deductible Requested

Boat Dealer Deductible

\$1,000

\$2,500

\$5,000

Other: \$ _____

Boat Dealer P&I Deductible

\$1,000

\$2,500

\$5,000

Other: \$ _____

BOAT SALES AND INVENTORY

		LOCATION 1	LOCATION 2	LOCATION 3
Average Monthly Inventory	Number / Values Inside	/ \$	/ \$	/ \$
	Number / Values Outside	/ \$	/ \$	/ \$
	Number / Values Afloat	/ \$	/ \$	/ \$
Maximum Monthly Inventory	Number / Values Inside	/ \$	/ \$	/ \$
	Number / Values Outside	/ \$	/ \$	/ \$
	Number / Values Afloat	/ \$	/ \$	/ \$

1. Date inventory taken at all locations: _____
2. What is the percentage of inventory?
New: _____ % Used: _____ % Brokerage: _____ %

SECTION VII – BOAT DEALERS (CONTINUED)

PROPERTY SOLD	
TYPE	MANUFACTURERS
Boats	
Motors	
Trailers	
Accessories	

1. What percentage of applicant's inventory is produced outside of the U.S.? _____ %
2. What percentage of applicant's inventory is classified as high performance (capable of speeds > 60 mph)? _____ %
3. Please list any inventory loss payee(s)? _____

4. Does applicant allow personal use of inventory vessel(s)? Yes No
5. Does applicant loan out or rent inventory vessels to customers? Yes No
6. Please list boat show(s) applicant plans to attend in the next 12 months? _____

PROPERTY IN TRANSIT DETAILS		
TYPE OF SHIPMENT(S)	# OF SHIPMENT(S)	MAXIMUM SHIPMENT VALUE
Manufacturer Shipments		\$
Customer Deliveries (Land)		\$
Customer Deliveries (Water)		\$
Boat Show Transport		\$

Demonstrations

1. What is applicant's estimated number of demonstrations performed annually? _____
2. List locations where applicant performs demonstrations: _____
3. During demonstrations, does a qualified or licensed employee maintain complete control of vessels? Yes No
If "No," does the customer sign a release of liability in favor of the applicant? Yes No
4. Are demonstration vessels fully equipped with required U.S. Coast Guard safety equipment? Yes No
5. Does applicant allow minors (18 years and younger) on vessels during demonstrations? Yes No
6. Does applicant allow water-sport towing demonstrations? Yes No

SECTION VIII – OWNED WATERCRAFT

List all boats used in operations or attach detailed schedule.

For **Boat Use** * : R=Rental; W=Workboat For **Engine Type** *** : I=Inboard, O=Outboard, IO=Inboard/Outboard, Other or N/A

For **Boat Type** ** : WB=Workboat, P=Pontoon, PWC=Personal Watercraft, R=Runabout, FB=Fishing, CR=Cruiser, S=Sail, RCK=Rowboat/Canoe/Kayak, HB=Houseboat or O=Other

* Boat Use	** Boat Type	Manufacturer	Year Built	Length	Serial Number	Hull Value	*** Type of Engine	Engine Value	Physical Damage Requested
						\$		\$	Yes No
						\$		\$	Yes No
						\$		\$	Yes No
						\$		\$	Yes No
						\$		\$	Yes No
						\$		\$	Yes No

Physical Damage Deductible Requested

\$1,000

\$2,500

\$5,000

Protection & Indemnity (P&I) Deductible Requested

\$1,000

\$2,500

\$5,000

- Navigation area of above vessel(s): _____
- Does applicant require crew coverage? Yes No If "Yes," what is number of crew? _____
- Does applicant provide any towing assistance for hire? Yes No If "Yes," what is number of annual tows? _____
- Does applicant allow personal use of above scheduled vessel(s)? Yes No

SECTION IX – LOSS HISTORY

1. Has applicant had any losses in the last five (5) years? Yes No
If "Yes," please attach hard copy loss runs.

SECTION X – APPLICANT REPRESENTATION (TO BE COMPLETED BY APPLICANT)**FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAWS OF YOUR STATE**

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, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I further understand that any incorrect or incomplete statement could void my protection. I hereby authorize the CNA Insurance Companies to release the information on this application and associated underwriting information.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____ Title: _____

Producer's Signature: _____ Date: _____

Producer's Printed Name: _____

For additional information, contact your independent agent or your local CNA Marine Underwriter.

