

COMMERCIAL MARINE SUPPLEMENTAL APPLICATION PREMISES LIABILITY

Completion of this application does not constitute an agreement by the Company to bind insurance. The application represents that the information provided here is accurate and a true basis upon which insurance may be considered. If coverage is bound by the company, this document will become part of the policy.

Requested Effective Date: _____

Producer Name/Address, Phone and Fax #: _____

Limit: \$300,000CSL \$500,000CSL \$1,000,000

1.) Applicant's Business Name & Mailing Address: _____

2.) Premises Address- Give exact location of area you wish to insure, including name of marina, pier or slip number; indicate the part occupied: _____

What is the square footage of the Applicant's occupied area? _____

Does this include a parking lot, docks, piers or buildings? Yes No- Explain: _____

Include a diagram of the area

3.) What is the interest of the Named Insured in the premises? (check one): Owner Tenant

Other; Explain: _____

4.) How long has applicant operated from this location? _____

5.) How long in this business? _____

6.) List & describe the specific activities conducted by the applicant: _____

7.) Describe any special contractual agreements entered into by the applicant (ie, lease, contracts of carriage, towage ect): _____

*****(ATTACH COPY OF ANY LEASE AGREEMENT- This is required)**

8.) List & Describe all prior losses or claims for this applicant within the past 5 years: _____

9.) List & Describe all other business activities conducted on this premises, whether owned or non-owned: _____

If owned, is there other insurance in force? Explain: _____

10.) Provide a detailed breakout of the estimated annual Gross Receipts for : Boat Rentals: _____ Fueling: _____
Storage: _____ Slip Rentals: _____ Hauling/Launching: _____ Boat/Motor Repairs: _____
Retail Store: _____ Restaurant/Snack Bar: _____ Hotel/Campground: _____ Boat Sales/Service: _____
Other- Explain: _____

11.) List names and address of all applicable Additional Interests: _____

Insured's Statement and Signature

This notice is given in compliance with the Federal Fair Credit Reporting Act (Public Law 91-508). I understand that as a part of the Company's underwriting procedures, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and business practices. The statements made here and signed by the owner(s)/applicant represents the information set forth as correct and a true basis on which insurance may be granted, but in no way binds the applicant to accept quotation or insurer to accept risk.

Applicant's Signature: _____ Title: _____ Date: _____

Producer's Signature: _____ Date: _____