

MERRIMAC MARINE LLC

PO BOX 948279

MAITLAND, FL 32794-8279

PH: (407) 647-1616

FX: (407) 628-1635

APPLICATION FOR YACHT DEALERS/MARINA OPERATORS

Name & Address of Applicant	Producer's Name & Address
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
Desired Effective Date from _____ To _____	Producer Code Number: _____
Quoted need by: _____	Tax ID/SSN: _____
Application is: Individual Partnership Corporation	

Coverages Requested

Section A; Yacht Dealers Coverage
 Section B; Marina Operators Legal Liability Coverage
 Section C; Protection and Indemnity Coverage

Section D; Piers, Wharves and Docks Coverage
 Section E; Commercial Tools and Employees Tools Coverage
 Section F; Owned Watercraft

General Information

1. Business of Applicant: _____
2. Number of Years in Business: _____
3. Does Applicant have any divisions or affiliates not to be insured hereunder? If yes, please name & describe: _____
4. Has the Applicant had any insurance policy declined canceled or non-renewed during the prior 3 years?
 Yes No If yes, give details: _____
5. Does the Applicant have any knowledge of any facts, which might give rise to a claim under these policies? Yes No If yes, give details: _____

6. Loss Payee: _____

Please attach: a) the Applicants most current annual report, Form 10K or other Financial Information: b) Sales Brochure describing the Applicant's

Yacht Dealers Insurance – Section A

LIMITS DESIRED

- 1. \$ _____ on any one vessel;

\$ _____ While on premises at _____

\$ _____ While in land transit;

\$ _____ While on exhibit at _____

\$ _____ In any one occurrence.

\$ _____ False Pretense Coverage (If over \$25,000 is desired)

2. Average Total Inventory (vessels & goods each named location).....\$ _____

3. Maximum Inventory (vessels & goods each named location).....\$ _____

	Inside	Outside	Waterborne
4. Average value any one vessel.....\$ _____	\$ _____	\$ _____	\$ _____

5. Max. value any one vessel.....\$ _____	\$ _____	\$ _____	\$ _____
---	----------	----------	----------

6. Average number of vessels in inventory (each named location) _____

7. Maximum number of vessels in inventory (each named location) _____

8. Estimated number of vessels in transit per year _____

9. Estimated number of Boat Shows/Exhibitions per year _____

10. Estimated number of Demonstrations per year _____

Are Applicant's Personnel in charge? Yes No If no, explain how are demonstrations performed?

11. List all main manufacturers and major hull models sold _____

11. a. Percent of inventory represented by foreign-made products: _____ %

12. Deductible required (Min. \$1,000): Optional deductible: \$ _____

13. Reporting form _____ Non-Reporting _____

Marina Operators Legal Liability – Section B

1. **DOCKING:**

Number of Slips available: _____ Number of Docks available: _____

Maximum value of any one vessel docked: \$ _____

Estimated Gross Receipts for proposed policy period.....\$ _____

2. **FUELING:**

Type of Fuel (Gas, Diesel, LPG): _____

Fire Protection: (describe safeguards) _____

Who supervises Fueling: _____

Estimated Gross Receipts for proposed policy period.....\$ _____

3. **HAULING & LAUNCHING:** (other than in conjunction with repairs or Storage)

Approximate number of vessels handled per year: _____

Maximum value of any one vessel: \$ _____

Three prior Years Receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period.....\$ _____

4. **MOORING AND ANCHORING:**

Maximum number of Vessels moored: _____

Maximum value of any one vessel: \$ _____

Three prior Years Receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period.....\$ _____

5. **RENTAL BOATS:** (Attach a complete description of vessels)

No. of Vessels: - Provide a copy of Rental Agreement.

Three prior Years Receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period.....\$ _____

6. **SHIP REPAIRERS:** (Repairs, Alteration, Maintenance or Restoration):

Value of Vessels handled: Average \$ _____ Maximum \$ _____

What percentage of repair receipts are for non-commercial / pleasurecraft _____

If primarily a Yacht Repair facility, please provide breakdown of repair operations (e.g. Engine, Hull, etc.) ___%

Painting _____% Refinishing _____% Fiberglassing _____% _____% Engine Repair _____%

Spray Painting _____% General Repair _____% Welding _____% Electrical _____% Woodworking _____%

Three prior Years Receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period.....\$ _____

7. **SHIPS STORE SALES:**

What percentage of above sales are consumables: _____ (food, drink, etc.)

Three prior Years Receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period.....\$ _____

8. **STORAGE ASHORE:**

Individual value of Vessels stored: Average \$ _____ Maximum \$ _____

Value of Vessels stored and method of storage:

Outside in open Racks \$ _____ (Average) \$ _____ (Maximum) \$ _____ (Number)

Non-Racked \$ _____ (Average) \$ _____ (Maximum) \$ _____ (Number)

Inside on Racks \$ _____ (Average) \$ _____ (Maximum) \$ _____ (Number)

Non-Racked \$ _____ (Average) \$ _____ (Maximum) \$ _____ (Number)

Three prior Years Receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period.....\$ _____

9. **OTHER:** (please give details for other activities/services offered by the Marina; installation of aftermarket products, i.e. Tuna Towers, Electronics)

Three prior Years Receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period.....\$ _____

TOTAL EST. GROSS RECEIPTS (total of 2 through 9) \$ _____

STORAGE ASHORE:

If any part of operations include storage on land, in buildings or outside, in racks or in any other ways, please complete the following details:

1. How many levels are racks? 2, 3 or 4 high. _____

2. Are vessels ever left on trailers? Yes No If yes, describe safeguards to guard against theft

3. What is construction of storage buildings (s)? _____ (Brick, Concrete Block, Frame, Street, Other)
If other, please explain _____

4. If storage building has a flat roof, is now removal a common practice in part of the country where applicable?
Yes No If yes, describe procedures _____

5. What is the age of the building? _____

6. Is building sprinklered? _____ Yes _____ No If yes, describe system _____

7. What protection systems are currently used? _____ Central Station _____ Indicate Rating _____

Describe system and give Certificate # _____ Expiration Date _____

Fire Alarm (type) _____ Burglar Alarm (type) _____

Night Watchman Flood Lights Fencing Other (Please explain):

8. Limit of Liability: \$ _____

Protection and Indemnity – Section C

1. Limit of Liability: Yacht Dealers \$ _____ Marina Operators \$ _____

Medical Payments of \$2,000 included

Applies to: Yacht Dealer Marina Operators Owned Watercraft

Include Exclude Crew

Include Exclude Cargo

Include Exclude Towers Liability

Include Exclude Excess Collision Liability

2. Deductible Desired: _____

3. Average experience of employees:

	Years with Applicant	Total Years Experience
Captians – Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Engineers	_____	_____
Deckhands	_____	_____
_____	_____	_____

Piers, Wharves and Docks Coverage – Section D

- 1. Brief description of property to be insured. Attach a diagram, indicating distances between where there is more than one pier, and include a photo of site: _____

- 2. Type of construction: Wood, concrete, steel? _____
Fixed or Floating? _____ Percentage of property covered over, if any: _____
Number of docks _____ Electricity on Docks? Yes No Separate Fuel Dock? _____
- 3. Years(s) of construction _____
- 4. Describe the maintenance program _____

- 5. National Board Class _____
- 6. Describe firefighting capabilities at pier _____

- 7. Local fireboat available? Yes No
- 8. Is any property removed from water during winter? Yes No
- 9. Has any company refused or canceled any similar coverage applied for or in force during the past three year?
If so, give details _____

- 10. Deductible: \$ _____
- 11. Value of the docks: _____

Commercial Tools & Equipment Coverage – Section E

1. COVERAGE

Limits of Liability – Equipment and Tools insured: \$ _____

- a) Equipment: List all equipment valued over \$2500 or attach schedule.
- b) Tools (Unscheduled \$5,000 included) Additional amount of insurance desired on unscheduled tools:
\$ _____

Maximum value of any one item (\$500 included) Additional amount of insurance desired on any one item
\$ _____

- c) Deductible per occurrence (Scheduled equipment only) \$ _____

Owned Watercraft – Section F

HULL AND MACHINERY

Workboat/Rental Coverage

<u>TRADE NAME</u>	<u>USE OF BOAT</u>	<u>YEAR BUILT</u>	<u>LENGTH</u>	<u>TOTAL H.P.</u>	<u>VALUE</u>	<u>FUEL</u>	<u>MATERIAL OF HULL</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

*Indicate whether Rental or Workboat

Type of Coverage required (Check one) All Risk Named Perils Total Loss Only

Navigation Area of Above Vessel(s):

Are surveys available on all hulls over 3 years old? Yes No If yes, attach copies of most recent survey(s), if no, will surveys be accomplished? Give Date(s) _____

NOTE: NO INSURANCE MAY BE BOUND ON Rental/Workboats without survey(s) where required.

Deductible: _____

Coverage is also available for Buildings, Business Contents, Business Automobile, Comprehensive General Liability, Boiler Machinery, Crime, Business Interruption, Directors & Officers, Accident & Health, etc.

LOSS HISTORY

PLEASE ATTACH A LOSS HISTORY FOR LAST FIVE YEARS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant Signature _____ DATE: _____

