



ESSEX INSURANCE COMPANY

APPLICATION FOR MARINA OPERATOR'S LEGAL LIABILITY POLICY

1. Name of Insured: _____

2. Business Address: _____

3. This form of policy covers liability to **PLEASURE CRAFT** in your custody for repairs, storage, mooring, hauling, launching and while servicing with fuel, provisions, etc. Please list all premises, with their complete address, at which such operations are performed:

A. _____

B. _____

C. _____

4. Repair Operations:

A. What was the highest value of any one yacht repaired during past year? \$ _____

B. What were your gross receipts from repair operations during past 12 months? \$ _____

C. What type of repairs were done? _____

5. Storage Operations:

| PREMISES | | |
|----------|----|----|
| 3A | 3B | 3C |

A. What was the **MAXIMUM NUMBER OF YACHTS** stored at any one time during the past year? _____

B. What is your estimate of the **AVERAGE VALUE OF INDIVIDUAL YACHTS** stored during the past year? \$ _____

C. The answer "A" X "B" indicates that our peak dollar exposure at each location was: \$ _____

D. What were your gross receipts from storage operations during past 12 months? \$ _____

E. If boats stored in building(s), advise construction and fire protection: _____

F. If storage is outside, is area fenced lighted watchman other security _____

6. Mooring Rental Operations:

| PREMISES | | |
|----------|----|----|
| 3A | 3B | 3C |

A. How many mooring slips are available for rental? _____ #

B. How many mooring buoys are available for rental? _____ #

C. How many such slips and buoys were **ACTUALLY RENTED** last season on a seasonal basis? _____ #

D. What is your estimate of the **AVERAGE VALUE OF INDIVIDUAL YACHTS** moored at such slips and buoys? \$ _____

E. The answer to "C" X "D" indicates that our peakdollar exposure at each location was: \$ _____

F. What were your gross receipts from mooring rentals during past 12 months? \$ _____

7. Other Servicing Operations:
- A. What were your gross receipts from fuel and oil sales during past 12 months? \$ _____
 - B. What were your gross receipts from provision sales and other transient services? \$ _____
 - C. What were your gross receipts from hauling and launching? (NOT in conjunction with storage or repair) \$ _____
8. If you perform any services to customer's yachts not covered by the above, please explain: _____

9. Attach copy of your rate schedule for storage, mooring and hauling/launching charges: _____

| PREMISES | | |
|----------|----------|----------|
| 3A | 3B | 3C |
| \$ _____ | \$ _____ | \$ _____ |

10. We desire the following limit of liability for claims arising out of any one accident or occurrence.
11. What fire and theft protection measures taken? _____
12. This form of policy does not cover your liability in respect of any type of commercial craft. If you conduct such activities, please consult your insurance agent.
13. **LOSS RECORD**--Please list all claims made against you during the past five years resulting from operations covered by this form of policy, including date, course, amount paid or estimated amount, if claim not yet settled. _____

14. Insurance:
- A. What is the name of the insurance company that presently insures you? _____
Deductible: _____
 - B. Please name any insurance company or agent that cancelled or refused to renew this type of insurance for you. _____
 - C. If our quotation is accepted, what date shall insurance attach? _____

15. AGENT MUST COMPLETE

| Premises | Highest Co-Ins. Fire & E.C. Contents Rates | | |
|----------|--|---------|-----------|
| | Bldg. # | Bldg. # | Open Area |
| 3A | | | |
| 3B | | | |
| 3C | | | |

Agent or Broker

Applicant's Signature

Address

Date