MARINA OPERATORS LEGAL LIABILITY INSURANCE APPLICATION

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

SECTION 1 - INFORMATION ON THE APPLICANT

1. Applicant's name:
_____

2. Applicant's address:
_____

3. Phone number: _____

4. Email: _____

5. Nature of operating manager:
_____

6. Number oy years experience in marina and/or boat yard operations:
_____

7. Number of
Years in operation under present management: _____
Full Time Employees: _____
Part Time Employees: _____

SECTION 2 - BUIDING DESCRIPTIONS

This form of Policy covers liability to private pleasure type boats and equipment thereon, including outboard motor boats and motors, in your custody for repairs, maintenance, storage, mooring, hauling, launching, and while servicing with fuel, provisions, etc.
List all premises, with their complete address, at which marina operations are performed.

Note: If you have more than three premises please attach a separate sheet that contains the information required for each premise (see information required below).

A) _____
B) _____
C) _____

1. Please provide the following details regarding each premise.

	Age	**Construction**	**Use of building**	**Sprinkler system**
Premise A	_____	_____	_____	☐ Yes ☐ No
Premise B	_____	_____	_____	☐ Yes ☐ No
Premise C	_____	_____	_____	☐ Yes ☐ No

SECTION 3 - FIRE PROTECTION AND SECURITY MEASURES

1. Please answer Yes or No for each premise.

	Premise A	Premise B	Premise C
Certified central station alarm – serviced by _____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Watchman service when premise not opened for business	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Area completely fenced and lighted – describe fences _____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Alarm system with outside siren	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other measures	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Please indicate the distance from fire dept. ☐ Voluntary ☐ Paid	_____	_____	_____
What is the average depth of water in the marina service area?	_____	_____	_____

SECTION 4 - REPAIR OPERATIONS

	Premise A	Premise B	Premise C
What was the estimated highest value of any one yacht repaired during the last 12 months?	$ _____	$ _____	$ _____
What was the estimated maximum value of yachts under repair at any one time during the last 12 months?	$ _____	$ _____	$ _____

1. Any welding or similar operations carried out in the yard(s)?

_____

2. Does the yard permit owners to work on their own boats? ☐ Yes ☐ No
If Yes, please describe your restrictions imposed with regard to such work, and any tools and equipment provided to the owners for their use.

_____
_____
_____
_____
_____

3. What were your gross receipts from repair operations during the last 12 months? $ _____
Anticipated gross receipts in the next 12 months $ _____

SECTION 5 - STORAGE OPERATIONS

Note: Boats in storage are those that are laid-up and out-of-commission during the lay-up season, not being used by anyone, either afloat (on mooring or in a slip) or ashore.

1. What was the maximum number of yachts stored at any one time during the last 12 months?

	Ashore in Buildings	Ashore in the open	Afloat covered	Afloat open	Mooring at buoys
Premise A					
Premise B					
Premise C					

2. What was the estimated average value of an individual yacht stored during last 12 months?

	Ashore in Buildings	Ashore in the open	Afloat covered	Afloat open	Mooring at buoys
Premise A					
Premise B					
Premise C					

3. What is the period of the customary lay-up in your area? _____

4. How vessels stored: ☐ Stacked ☐ Cradles ☐ Vertical ☐ Other

SECTION 6 - MOORING AND SLIP RENTAL OPERATIONS

	How many mooring slips &/or mooring buoys are available for rental?			What is the estimated average value of an individual yacht moored at such slips or buoys?		
	Premise A	**Premise B**	**Premise C**	**Premise A**	**Premise B**	**Premise C**
Covered slips						
Open slips						
Moorings at buoys						

1. What were your gross receipts from mooring and slip rental operations during the last 12 months? $ _____
Anticipated in next 12 months $ _____

2. What % of members rent slip and/or buoys on a yearly basis? % _____

SECTION 7 - FUELLING

1. What were your gross receipts from fuel and oil sales during the last 12 months? $ _____
Anticipated in next 12 months $ _____

2. Does a marina employee fuel the boats? ☐ Yes ☐ No

SECTION 8 - HAULING AND LAUNCHING

1. Gross receipts, if any, from hauling and launching (not in conjunction with storage or repair) last 12 months? $ _____
   Anticipated in next 12 months $ _____

2. Describe hauling and launching facilities and equipment, including transportation equipment/method:

   _____
   _____
   _____

SECTION 9 - MISCELLANEOUS

1. Receipts for all other sales and other transient services, including mooring, not on a seasonal basis for the past 12 months $ _____
   Anticipated in next 12 months $ _____

2. Describe all other sales and transient services

   _____

3. Do you own or operate any watercraft in connection with Marina activates? ☐ Yes ☐ No
   If Yes, we suggest that you consider applying for hull protection and indemnity insurance.
   Please attach a separate document that describes your vessels, including their hull, age and value.

4. Are there any floating docks at any location? ☐ Yes ☐ No ☐ Overall
   If Yes, please provide the following information

	Length (feet)	Average age	Construction/floatation material
Premise A			
Premise B			
Premise C			

5. Did you sign a “hold harmless” agreement (contract)? ☐ Yes ☐ No
   If Yes, please enclose a blank specimen

SECTION 10 - LIMITS OF LIABILITY

	Premise A	Premise B	Premise C
Any one vessel	$ _____	$ _____	$ _____
Any one accident or occurrence protection & indemnity limit	$ _____	$ _____	$ _____

SECTION 11 - LOSS RECORD

1. Please list all claims made against in the past five years that resulted from operations covered by this form of policy. Please include the date, cause and amount paid.

   _____
   _____
   _____

2. Who is your current insurance carrier?

_____

_____

3. Has any insurance company cancelled or refused to renew this type of insurance for you? ☐ Yes ☐ No
   If Yes, please include the name of the company and the reason
   Name of company: _____
   Reason: _____

4. Desired effective date: _____

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

IMPORTANT: The completion and signing of this application does not bind the applicant or the Company to effect insurance of the risk. It is submitted only for the purposes of rating and quoting, if acceptable to this Company.
To ensure a prompt quotation, please ensure the application is complete and that any coverage not required is stricken from the application. An incomplete or unsigned application will be returned.

Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.