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Application for Marina Operators Legal Liability Insurance

Insurance for
Things That Move.™

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 – General Information

Applicant's Name	Broker's Name
Applicant's Address Street	Broker's Address Street
City	City
Postal Code	Postal Code
Phone	Phone
Fax	Fax
Email	Email
Name of Operating Manager	Number of years experience in Marina and/or Boat Yard operations
Number of a) Years in operation under present management _____ b) Full Time Employees _____ c) Part Time Employees _____	

Section 2 – Building 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) _____

Please provide the following details regarding each premise.

	Age	Construction	Use of Building	Sprinkler System
Premise A				<input type="checkbox"/> Yes <input type="checkbox"/> No
Premise B				<input type="checkbox"/> Yes <input type="checkbox"/> No
Premise C				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 – Fire Protection and Security Measures

Please answer "yes" or "no" for each premise

a) Certified central station alarm – serviced by _____

b) Watchman service when premise not opened for business _____

c) Area completely fenced and lighted – describe fences _____

d) Alarm system with outside siren _____

e) Other measures _____

f) Please indicate the distance from fire dept.
 Voluntary Paid

g) What is the average depth of water in the marina service area? _____

Premise A	Premise B	Premise C
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 – Repair Operations

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?

Premise A	Premise B	Premise C
\$	\$	\$
\$	\$	\$

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

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.

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.

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	#	#	#	#	#

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	\$	\$	\$	\$	\$

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

To _____ From _____

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	#	#	#	\$	\$	\$

What were your gross receipts from mooring and slip rental operations during the last 12 months?	Anticipated in next 12 months	What % of members rent slip and/or buoys on a yearly basis? %
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Section 7 – Fuelling

What were your gross receipts from fuel and oil sales during the last 12 months?	Anticipated in next 12 months	Does a marina employee fuel the boats? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 8 – Hauling and Launching

Gross receipts, if any, from hauling and launching (not in conjunction with storage or repair) last 12 months \$	Anticipated in the next 12 months \$
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Describe hauling and launching facilities and equipment, including transportation equipment/method:

Section 9 – Miscellaneous

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

Do you own or operate any watercraft in connection with Marina activities?
 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.

Are there any floating docks at any location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Overall	If yes, please provide the following information			
		Length (feet)	Average Age	Construction/Floatation Material
	A			
	B			
	C			

Did you sign a "hold harmless" agreement (contract)?
 Yes No

If yes, please enclose a blank specimen.

Section 9 – Limits of Liability

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

Note: This form of policy also covers, under the P& I section, if requested, your liability for Third Party Damage, and Third Party Loss of Life and Personal Injury, when you or your employees are operating insured boats.

Section 10 – Loss Record

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.

Who is your current insurance carrier?

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
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Desired Effective Date

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