

MARINA OPERATORS LEGAL LIABILITY APPLICATION

NAME OF APPLICANT(S): _____

Address: _____

Name of Operating: _____

Manager: _____

Number of Years: In operation under the present management: _____ Experienced in Marina and/or Boat Yard: _____

Operations: _____

Number of Full Time Employees: _____ Number of Part Time Employees: _____

BUILDING DESCRIPTIONS:

This form of Policy covers Liability to private pleasure type boats and equipment thereon, including outboard 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:

1. _____
2. _____
3. _____

What is the:	Age	Construction	Use of Building	Sprinklered
Premises 1				<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises 2				<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises 3				<input type="checkbox"/> Yes <input type="checkbox"/> No

FIRE PROTECTION AND SECURITY MEASURES

	Premises 1	Premises 2	Premises 3
Certified central station alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm serviced by:			
Watchman service when premises not open for business	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area completely fenced and lit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe type of fence:			
Alarm system with outside siren	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other measures – describe: _____

Please indicate distance from local fire department: _____ Voluntary Paid

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

REPAIR OPERATIONS

	Premises 1	Premises 2	Premises 3
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?			
Are any welding or similar operations carried out in the yard?			

Do the yard permit owners to work on their own boats? Yes No

If yes, describe your restrictions imposed with regard to such work, and any tools and equipments furnished to the owners for their use:

What were your gross receipts from repair operations during the last 12 months? \$ _____

Anticipated gross receipts for the next 12 months? \$ _____

MARINA OPERATORS LEGAL LIABILITY APPLICATION

STORAGE OPERATIONS – Note: Boats in storage are those which are laid up and out of commission.

Maximum number of yachts storage at any one time during the last 12 months?

	Ashore in Buildings	Ashore in the Open	Afloat Covered	Afloat Open	Mooring at buoys
Premises 1					
Premises 2					
Premises 3					

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

	Ashore in Buildings	Ashore in the Open	Afloat Covered	Afloat Open	Mooring at buoys
Premises 1					
Premises 2					
Premises 3					

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

Anticipated in the next 12 months? \$ _____

How are vessels stored: Stacked Cradles Vertical Other (describe): _____

MOORING AND SLIP RENTAL OPERATIONS:

How many slips &/or buoys are available for moorage?

What is the estimated average value of an individual yacht moored at such slips or buoys?

	Premises 1.	Premises 2.	Premises 3.	Premises 1.	Premises 2.	Premises 3.
Covered Slips						
Open Slips						
Buoys						

What were your gross receipts from mooring and slip rental operations during the last 12 months: \$ _____

Anticipated in the next 12 months: \$ _____

What percentage of members rent slips and/or buoys on a yearly basis? _____ %

FUELING

Your gross receipts from fuel and oil sales in the last 12 months: \$ _____

Anticipated in the next 12 months: \$ _____

Does the marina employee fuel the boats? Yes No

HAULING & LAUNCHING

Gross Receipts for Hauling & Launching (not in conjunction with storage or repair)

in the last 12 months: \$ _____ anticipated for the next 12 months: \$ _____

If transporting vessels in conjunction with operations, state maximum transport distance: _____

Describe hauling and launching facilities and equipments, including transportation equipment and method:

MISCELLANEOUS

Describe any other sales and transient services: _____

Receipts for other sales/transient services in the past 12 months: \$ _____

Anticipated next 12 months: \$ _____

Do you own or operate any watercraft in connection with Marina activities? Yes No

If yes, it is suggested that you consider applying for Hull & Machinery/Protection & Indemnity Insurance. Attach a list describing the vessels, including Type, Age, Length, Construction, Engines and Value.

Are there floating docks at any of the locations? Yes No

If yes, please describe: _____

	Premises 1	Premises 2	Premises 3
Length			
Age			
Construction/Floatation Material			

Are any surveys or inspection reports available? Yes No If yes, please attach copies.

"HOLD HARMLESS" CONTRACTS

Do you sign a "Hold Harmless" agreement or contract? Yes No If yes, please enclose a blank specimen.

LIMIT OF LIABILITY	Premises 1	Premises 2	Premises 3
Any one vessel	\$	\$	\$
Any one accident or occurrence – Protection & Indemnity	\$	\$	\$

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 insured boats are being operated by you or your employees.

LOSS RECORD

Provide information on any losses, whether these losses were insured or not. _____

Has a previous insurer ever cancelled or refused to renew your insurance? _____

PREVIOUS INSURERS: _____

INSURANCE REQUIRED from: _____ to: _____

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

AGENT/BROKER: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercialmarine@premiergroup.ca ****
Vancouver - T 604.669.5211 F 604.669.2667 **Ontario & Atlantic Canada - T 519.850.1610 F 519.850.1614**