



Berkley
Offshore
| a Berkley Company

Yacht Dealers/ Marina Operators Liability Application

AGENCY INFORMATION

Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer	Name:	Phone #:	Email:	

GENERAL INFORMATION

Insured Name:		Date:		
Mailing Address	Street:	City:	State:	Zip:
Effective Date	From:	To:		
Individual	Partnership	Corporation	Joint Venture	Other
If Other, please explain:				
Yard Location	Street:	City:	State:	Zip:
Loss Payee	Name:	Amount of Mortgage:		
	Address:	City:	State:	Zip:
Inspection Contact	Name:	Phone:	Email:	
Operator's Experience in Business:				

BUILDING(S)

Types of construction:		Number of feet above high water mark:		
What is the general condition of buildings?				
Are buildings sprinklered?	Yes	No	Outside storage?	Yes No
Is there a snow removal plan in effect, including rooftops?		Yes	No	
What types of Protection systems are currently in use?				
Fire Alarm (type):		Burglar Alarm (type):		
Central Station	Watchman	Flood Lights	Fencing	Dog
Distance to Fire Hydrant:	Distance to Fire Department:	Protection Class:		

YACHT DEALERS

List of major brands sold	Boats:			
	Outboard motors:			
Average monthly values for the past year		Inside: \$	Outside: \$	
Indicate peak inventory for last 12 months:				
Average Value on any one vessel: \$		Maximum Value on any one vessel: \$		
Number of Boat Shows/Exhibitions per year?		Do you exhibit in the water?	Yes	No
Do you do demonstrations with customers aboard?	Yes	No	How often?	

YACHT DEALERS LIMITS AND DEDUCTIBLES	
Limits Desired:	Deductible Desired: \$
\$	on any one vessel
\$	while in transit by land
\$	while on exhibit at:
\$	while on premises at: (Location 1)
\$	while on premises at: (Location 2)
\$	while on premises at: (Location 3)
\$	In any one occurrence

MARINA OPERATORS LEGAL LIABILITY	
Limit Desired:	Deductible Desired: \$
\$	while on premises at: (Location 1)
\$	while on premises at: (Location 2)
\$	while on premises at: (Location 3)
Ship Repairers	Repairs Alterations Maintenance Restoration
Type of vessels repaired?:	
Type of work (by %)	Fiberglassing: Engine: Electrical:
	General Repairs: Spray painting: Welding:
Value of Vessels: \$	Average: \$ Maximum: \$
Gross Receipts Last Two Years	\$ (last year) \$ (prior year)
Are trial runs performed after work is completed?	Yes No
Storage: If Storage Only Coverage is provided does the insured winterize or prepare the vessel for storage?	
Value of Vessels Stored: \$	Average: \$ Maximum: \$
Number of Vessels Stored:	Inside: Outside: In water:
Gross Receipts Last Two Years	\$ (last year) \$ (prior year)
Number of Storage Buildings:	Construction:
Type of Storage (by %)	On Cradles Jack stands In Racks On Trailers
Is hold harmless agreement obtained?	Are all buildings sprinkle red? Yes No
Are all buildings secured against illegal entry?	If yes, how:
Docking and mooring	
Number of slips available:	Number of Moorings available:
Maximum Value of Vessel: \$	Average Value: \$
Gross Receipts Last Two Years	\$ (last year) \$ (prior year)
Describe the maintenance schedule on docks and moorings:	
Fueling	
Gross Receipts Last Two Years	\$ (last year) \$ (prior year)
Fire extinguishers present?	Yes No Who does fueling? Marina Employee Boat Owner
Hauling and Launching (Other than in connection with Ship Repairers or Storage)	
Type of Lifts:	Rated Capacity: Tons:
Is regular maintenance performed on equipment?	Yes No Frequency:
Approx. Number of Vessels Handled per Year:	Maximum Value:\$ Average Value:\$
Gross Receipts Last Two Years	\$ (last year) \$ (prior year)
PROTECTION AND INDEMNITY	
P&I Limit	\$ Deductible Desired \$
Number of persons who will operate watercraft and their experience:	

PIERS, RAMPS AND FLOATS COVERAGE

Brief description of property to be insured:

Type of Construction: _____ Fixed or Floating? _____ Year of construction: _____

Separate Fuel Dock? _____ Yes _____ No _____ Electricity on docks? _____ Yes _____ No

Briefly describe the maintenance program:

Briefly describe firefighting capabilities at pier:

Is any property removed from water during winter? _____ Yes _____ No

Value of the docks: (include breakdown between Piers, Ramps and Floats)

Deductible: \$

OWNED WATERCRAFT

No. of persons operating watercraft and their experience?

Description of boats to be insured:

Trade Name	Use of Boat	Year	Length	H.P.	Value	Fuel	Material of Hull
					\$		
					\$		
					\$		
					\$		
					\$		

Describe usage of boats:

Navigation area of above vessel(s):

Lay-up period _____ From: _____ To: _____

PREVIOUS INSURANCE/LOSS INFORMATION

Check box if no losses in past three years:

Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant? _____ Yes _____ No

If yes, give details:

Carrier: _____ Existing deductible: _____

Renewal offered? _____ Yes _____ No _____ Existing limit: _____

Existing rate: _____ Expiration date: _____

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Date:

Applicants Signature: _____ Applicants Name (Please print): _____

Producers Signature: _____ Producers Name (Please Print: _____