



MARINA OPERATOR'S LIABILITY APPLICATION

1. Applicants name and mailing address:			
2. Marina address:			
3. Number of years in business (by present owner):			
4. Additional related experience of owner and/or operator(s) of marina:			
5. Usual operating season:	Open all year: <input type="checkbox"/> Closed in winter <input type="checkbox"/>		
6. a. Are docks removed from the water during winter season?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. If yes describe winter storage arrangements:			
7. a. Age of docks:	b. Construction:		
c. mooring arrangement:			
d. When last surveyed/inspected:			
e. Describe maintenance schedule for the docks:			
8. Number of slips:			
9. Average value of vessel kept at marina:			
10. Maximum value at marina any one time:			
11. a. Annual gross receipts:			
b. Advise percentage (%) of gross receipts derived from the following activities:			
Moorage:	Repairs/Maintenance:	Sales:	Haul/launching:
Fueling:	Storage ashore/afloat:	Boat rentals:	Other (describe):
12. a. Are any of the services listed in 11. sub-contracted out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b. Are sub-contractors required to carry their own liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13. If storing (ashore or afloat) describe method:			
<i>(if stored in a building complete and attach supplementary building application)</i>			
14. a. If fueling advise age of tanks:			
b. Location of tanks:	Ashore <input type="checkbox"/> On the docks <input type="checkbox"/>		
c. Fuelling conducted by:	Employees <input type="checkbox"/> <input type="checkbox"/>		
d. Date tanks and equipment last inspected:	(select one) Boat owners <input type="checkbox"/>		
<i>(attach copy of inspection)</i>	<i>of the above)</i>		

15. If sales, repairs and/or maintenance please attach completed supplementary applications (ie boat dealers a/o shiprepairing applications) if applicable or describe in full:	
16. Fire Protection <i>(select whichever apply)</i> Fire Hall: Volunteer <input type="checkbox"/> Paid <input type="checkbox"/> Nearest hall: kms Nearest hydrant: kms Smoke detectors <input type="checkbox"/> Fire alarms <input type="checkbox"/> Other <i>(describe)</i>	
17. Security: <i>(select whichever apply)</i> Completed fenced <input type="checkbox"/> 24 Hour Watchman <input type="checkbox"/> Night Watchman <input type="checkbox"/> Floodlights <input type="checkbox"/> Gated/locked access <input type="checkbox"/> Members only <input type="checkbox"/> Other <i>(describe)</i> <input type="checkbox"/>	
18. Describe other businesses also located at or adjacent to this marina whose customers would have access to the docks (eg. pubs or cafes etc...):	
19. a. Are any of above businesses owned by applicant but operated by third parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do these third parties have their own liability insurance policy in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Is the applicant named as an additional named insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. a. Is a Hold Harmless/Moorage Agreement in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If yes please attach a copy.	
21. a. Are there any signs posted stating USE AT OWN RISK or similar?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If yes please describe wording and locations of signs:	
22. a. Have you had and claims or losses over the past 5 years? If so, please provide details:	
b. Have you been involved in any major losses at any time? If so, please provide details:	
23. Prior insurance company:	Policy No.
	Expiry date:
24. a. Have you ever been cancelled by an insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If yes please advise why:	
25. a. Limit of Liability requested:	b. Deductible:

Agent's Name and Address: _____

Agent / broker's signature: _____

Applicant's signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.

Supplementary application for all buildings

Applicant name and mailing address:		
Location a/o building address:		
Building is owned <input type="checkbox"/> rented <input type="checkbox"/> Approximate value of building:		
General: Square feet: Year Built: Height: Number of stories:	Construction: <input type="checkbox"/> Fire resistive <input type="checkbox"/> N.S.F.R. <input type="checkbox"/> Incombustible <input type="checkbox"/> Brick / Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other:	Finish: <input type="checkbox"/> Open <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Other:
Roof Decking: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Mill <input type="checkbox"/> Patent / wood joist	Roof Covering: <input type="checkbox"/> Patent <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Tar Paper <input type="checkbox"/> Other:	Chimney: <input type="checkbox"/> Brick/masonry from ground <input type="checkbox"/> Listed pre-fab metal <input type="checkbox"/> Other:
Grade Floor: <input type="checkbox"/> Concrete <input type="checkbox"/> Wood joist <input type="checkbox"/> Other:	Floor openings: <input type="checkbox"/> Open to storey <input type="checkbox"/> Open to basement <input type="checkbox"/> Other:	Beams: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other:
Access Detachment: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> All sides (is building attached to others etc...)	Exposures: (ie describe neighbors)	Fuses: <input type="checkbox"/> Ordinary fuses Type: <input type="checkbox"/> Circuit Breakers
Wiring: <input type="checkbox"/> Conduit <input type="checkbox"/> Romex <input type="checkbox"/> B.X. <input type="checkbox"/> Other:	Fuel: <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Other:	Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Forced warm air <input type="checkbox"/> Steam <input type="checkbox"/> Hot water <input type="checkbox"/> Woodstove (attach latest inspection) <input type="checkbox"/> Other:
Fire Protection: Distance from fire hydrant: Distance from fire hall: Volunteer or paid fire hall:	Internal Fire Protection: <input type="checkbox"/> Sprinklered <input type="checkbox"/> Central Station <input type="checkbox"/> CO2 System <input type="checkbox"/> Hand held fire extinguishers <input type="checkbox"/> Automatic Stand pipe & hose <input type="checkbox"/> Manual Stand pipe & hose <input type="checkbox"/> Other:	Internal Fire Alarms <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Fire alarms <input type="checkbox"/> Other:
External Security: <input type="checkbox"/> Area completely fenced <input type="checkbox"/> Watchmen services <div style="text-align: right;">24 hour <input type="checkbox"/></div> <div style="text-align: right;">Nighttime only <input type="checkbox"/></div> <input type="checkbox"/> Floodlights <input type="checkbox"/> Guard dogs <input type="checkbox"/> Other:	Internal Security: <input type="checkbox"/> Local alarm <input type="checkbox"/> Central alarm <input type="checkbox"/> Monitoring alarm Protects: <input type="checkbox"/> Premises <input type="checkbox"/> Vault <input type="checkbox"/> Safe	Other security: <input type="checkbox"/> Bars on windows <input type="checkbox"/> Steel door <input type="checkbox"/> Other: