

MARINA BOAT DEALER ALL LINES SUMMARY

TYPE	Marine General Liability/ Marina Operators Legal Liability, Protection & Indemnity/ MOLL P&I, WC- USL&H and State Act Workers Compensation, Boat Dealers Inventory, Hull, Equipment, Property, Auto, Excess/Umbrella.
COVERAGE & LIMITS	<p>Section 1 - Marine General Liability/ Marina Operators Legal Liability \$1,000,000/ \$1,000,000/ \$2,000,000</p> <p>Section 2 - Protection & Indemnity/ MOLL P&I \$1,000,000</p> <p>Section 3 - WC/USL&H WC/Longshore- Statutory Employers Liability \$1,000,000 / \$1,000,000 / \$1,000,000</p> <p>Section 4- Boat Dealers Inventory, Hull, Equipment, Property, Auto Limits as requested</p> <p>Section 5 - Umbrella/Excess up to \$10,000,000 and higher if needed</p>
MINIMUM PREMIUM	<p>\$10,000 – Liabilities & Physical Damage \$15,000 – WC/USL&H</p>
SECURITY	"A" Rated Domestic Licensed Companies
PROGRAM FEATURES	<p>Designed to provide top service combined with aggressive pricing Most sections available monoline or with any combination of other coverages</p>
SUBMISSION REQUIREMENTS	<p>For All other lines: Fully Completed Marina/Boat Dealer Application Acord applications for Equipment, Property, Auto 4 years and current loss runs - not over 3 months old</p> <p>For WC/USL&H: Fully Completed WC Acord Application 4 years and current loss runs - not over 3 months old Latest NCCI MOD Worksheet If in business LESS THAN 3 years OR no prior coverage: Resumes detailing experience in this type operation and explanation of why no coverage</p>



LIG Marine Managers

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SUBMISSION WORKSHEET

Name of Insured		Class of Business	
Anticipated eff date		Quote needed by	
Name of Agent		Name of Agency	
Agent's telephone number		Agent's email	
Are you Retailing <input type="checkbox"/> or Wholesaling <input type="checkbox"/> this risk		Do you currently write this risk? YES <input type="checkbox"/> NO <input type="checkbox"/>	

CURRENT COVERAGE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate

Are current companies offering renewal? YES NO

If YES what are terms offered, if NO why? _____

TO WHAT OTHER MARKETS HAS THIS RISK BEEN SUBMITTED WHAT OTHER QUOTES DO YOU/THE INSURED HAVE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate

WHAT TERMS DO YOU NEED TO SECURE THE ORDER

Section/Coverage	Limit	Deductible	Premium	Rate



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Boat Dealers, Marina Operators, Piers and Docks Application

1. Applicant Name and Location:	
2. Present Insurance Carrier:	3. Reason Being Replaced:
4. Producer is current agent of record: <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Current premium:
6. Expiration date of current policy:	7. Inspection contact: _____ Phone #:
8. Years in business:	9. Has insurance ever been cancelled: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please explain:

10. Experience of principals:

11. Please answer the following questions about the yard (buildings): Attach extra sheet for additional locations	Location A	Location B	Location C
U/L 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 with Outside Siren Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fence and Floodlight Watchman Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Lives on Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bubble System (if applicable) Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Miles from Fire Station	_____ miles	_____ miles	_____ miles

12. Public Fire Hydrants – Number & Distance _____ / _____ miles _____ / _____ miles _____ / _____ miles

13. Describe any Private Fire Protection:

Comments:

Marina Operator Section

23. Property Damage Limit(s):

Any One Boat \$ _____ Deductible \$ _____
 Any One Accident \$ _____ Deductible \$ _____

24. Activity: Annual Gross Receipts
 Repairs/Alterations _____
 Dry Storage _____
 Mooring/Dock Rentals _____
 Fueling _____
 Hauling and Launching _____
 Other Service Receipts (Please Explain) _____
TOTAL: _____

25. Repair Operations:
 Type of Vessels Repaired: _____

26. Type of Work: _____

27. Highest Value of Any One Boat Repaired: _____ Average Value of Boats Repaired: _____

28. Are Boat Owners Allowed to Work on Their Own Boat: Yes No

29. Describe Any Non-Private Pleasure Boat Repairs: _____

30. Amount of Non-Private Pleasure Boat Receipts: _____

31. Dry Storage:	Location A	Location B	Location C
Maximum Value Stored Inside:			
Maximum Value Stored Outside:			
Are Boats Stored in Racks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rack Stored Inside:			
How Many Racks High:			
Average Monthly Value:			
Rack Stored Outside:			
How Many Racks High:			
Average Monthly Value:			
Number of Boats Stored Afloat Between 12/01 and 04/01:			
Is Winterizing or Make Ready Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part of the Storage Agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please submit copy of Storage Agreement with the Application)

32. Describe Type of Building Construction for Land Storage: _____

Marina Operator Section (continued)

33. Mooring/Docking Rentals:	Location A	Location B	Location C
Maximum Number of Slips/Moorings to Rent:			
Actual Number Rented:			
Maximum Value of Any One Boat:			
Total Value of All Boats:			
Do Any of the Slips Have Roofs: How Many:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Any of the Slips Owned by Boat Owners: How Many:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

34. Hauling and Launching:
 35. Number of Boats Handled Last Year: _____
 36. Type of Equipment: Ramps Cranes Other (Please Explain): _____
 37. Rated Capacity of Lifting Equipment: _____
 38. Frequency of Maintenance of Equipment: _____

39. Fueling:
 Type of Fuel Sold: Gas Diesel Both
 Are Propane Tanks Refilled on Premises: Yes No
 Who Performs the Fueling of Boats: Are Employee Boat Owner Both
 Smoking Signs Posted and Enforced: Yes No
 Other Servicing – Please Describe: _____

40. Owned Watercraft:
This section applies only to Work Boats used on conjunction with Marina and Boat Dealer Operations. Private Pleasure Use is not covered

Schedule of Boats:	Value	Deductible
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
Liability Limit Requested: \$		Deductible: \$
Crew Coverage Required: Yes No		If yes, How Many:
Navigation Not to Exceed:		Miles from Premises:

Piers and Docks Section

41. Loss Payee: Any Loss Is Payable As Interest May Appear To The Policy Holder And:

42. Mortgagee Name And Address:

43. How Many Miles To Nearest Fire Station: Miles Paid Volunteer

44. Watchman Service Provided: Yes No If Yes, Explain Type Of Service:

45. Firefighting Equipment On Premises: Yes No If Yes, Explain Type Of Equipment:

46. Are Any Of The Piers/Docks Removed For Winter: Yes No If Yes, State Which Pier/Dock And Where They Are Stored:

If Seasonal Operations, State From (Mm/Dd/Yy): To (Mm/Dd/Yy):

47. When Were Pilings Last Inspected: When Were Pilings Last Replaced:

48. Please Provide A Brief Description Of Maintenance Program:

49. Dock information *Sketch or diagram must be attached to this application.

Item Number	Description Of Dock/Pier	Year Built	Type of Construction	Covered	Fixed or Floating	Value per Selection
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

Piers and Docks Section (continued)

*Sketch Or Diagram Must Be Attached To This Application

50.	Requested Deductible (Minimum \$10,000)	Fuel Pump	Electricity	Other services provided to boats	Roofs (R), Awnings (A) or Open (O)
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Important Notice Regarding The Fair Credit Reporting Act: As part of our underwriting procedure, an investigative consumer report may be made which could include information regarding your character, general reputation, personal characteristics and mode of living. This information will be used solely by the underwriting insurance company(s). Future reports may be used for an update, renewal or extension of your insurance. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

Applicant's Statement: I certify that the information on this application to the best of my knowledge is correct and complete. I have read or had read to me the completed application. I realize that any material misstatement or misrepresentation in the application may result in loss of coverage. I understand this information is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the company to accept the risk. I understand and agree that the company may obtain from third parties information regarding me, my business, and employees, including driving records, financial credit information and prior claims information. I understand that I have the right of access and correction with respect to all such information collected and that the Company will provide further information regarding my statutory rights upon request. I understand that if insurance is offered and accepted by me that the information and documentation provided by me and which served as the basis for this application for insurance will become part of the policy that is issued.

NATIONAL MARINA PROGRAM SUPPLEMENTAL APPLICATION

A) NON-OWNED / HIRED AUTOMOBILE COVERAGE

1. Does Applicant:

Allow any use of personal vehicles for business use?

Yes No

Allow it only infrequently?

Yes No

Usually utilize the same drivers / officers?

Yes No

Check MVR's annually for employees who do use their personal vehicles?

Yes No

Require management to approve vehicle use?

Yes No

Require personal insurance to be in effect?

Yes No

If Yes, is evidence of this insurance kept by the insured?

Yes No

If Yes, what limits are required?

Yes No
\$

2. Number of employees:

3. Number of underage drivers:

B) EMPLOYEE BENEFITS LIABILITY COVERAGE

1. Limits of Insurance:

\$ Each Employee
\$ Aggregate
Deductible \$1,000

2. Employee Benefit Programs which are automatically covered without being specifically listed: group life insurance, group accident or health insurance, profit sharing plans, pension plans, stock subscription plans, unemployment insurance, social security benefits, workers' compensation and disability benefits.

List any other types of plans for which coverage is desired:

3. Underwriting information:

a) Number of employees:

b) Retroactive Date:

c) Number covered by Employee Benefits Plans:

d) Does applicant maintain a department or unit to
(1) administer Employee Benefits Programs
(2) answer questions and advise employees concerning the Employee Benefits Program?

Yes No
 Yes No



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e) On programs permitting employees an option to enroll or not to enroll, does the applicant require a signed acceptance or rejection letter from each employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) If applicant's Employee Pension Plan and / or Profit Sharing Plan is / are funded with a financial institution, provide details regarding its administration.	
g) If this insurance has been in force during the past 5 years, would any claim have been presented? If yes, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Does the applicant have knowledge or information of any occurrence which might give rise to a claim? If yes, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

C) FALSE PRETENSE

1. Limit of Insurance:	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
2. Describe all customer screening practices (identification check, credit check, title check on used boats and trade-ins, loan verification, etc.)	
3. Does salesman accompany all potential customers on test drives?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D) TRUTH IN LENDING ACT LIABILITY COVERAGE

1. Limit of Insurance:	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000
2. Does Dealer monitor odometer reading at time of purchase or sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does dealer have written procedures for handling credit disclosures with specific individuals trained to handle / oversee credit applications to ensure compliance with Federal / State Consumer Credit Laws / Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E) TITLE ERROR AND OMISSIONS COVERAGE

1. Limit of Insurance:	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
2. Does Dealer have written procedure for handling titles including listing proper loss payees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

F) EMPLOYEE DISHONESTY

1. Limit of Insurance:	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule
Deductible Requested:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
2. Total number of employees, including owners and partners:	



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3. Total number of owners, partners, and corporate officers:	
4. Total number of cashiers / bookkeepers / clerks / salesmen:	
5. Are references required on newly hired employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there an audit by:	<input type="checkbox"/> CPA <input type="checkbox"/> Accountant <input type="checkbox"/> Staff <input type="checkbox"/> Other
7. Audit frequency?	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
8. Does audit include inventory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Audit report is rendered to:	<input type="checkbox"/> Owner <input type="checkbox"/> Partners <input type="checkbox"/> Board of Directors <input type="checkbox"/> Other
10. Does someone not authorized to deposit or withdraw reconcile bank accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is countersignature of checks required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Will securities be subject to joint control of two or more responsible employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are all officers and employees required to take annual vacations of at least five (5) consecutive business days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS RECORD

List all claims incurred during the past five years from operations covered by this supplemental application, including date, cause, amount paid or estimated amount, if claim not settled. If none, state "none".

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept this risk, but it is agreed that this form shall be the basis of the contract should a policy be issued

Print Name:

Date:

Sign Name:



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