
Mortgagees / Loss Payees

Name / Address	Interest	Coverage Section(s) Applicable	Location

SECTION 9 – LOSS INFORMATION

APPLICABLE TO ALL SECTIONS 1 THROUGH 8

Loss record: List all claims incurred during the past five years to property or from operations covered by this form of policy, including date, cause, amount paid, or estimated amount, if claim not settled. If none, state, "none".

Claim:	Date:	Cause:	If Settled, Paid:	If Not, Estimate:

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 fraudulent insurance act, which is a crime.

Signature

Date

Print Name and Title

Telephone Number

LIG Marine Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
(727) 578-2800

SUBMIT@LIGMarine.com
www.LIGMarine.com

NATIONAL MARINA PROGRAM SUPPLEMENTAL APPLICATION

A) NON-OWNED / HIRED AUTOMOBILE COVERAGE

1. Does Applicant:

Allow any use of personal vehicles for business use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow it only infrequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usually utilize the same drivers / officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check MVR's annually for employees who do use their personal vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Require management to approve vehicle use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Require personal insurance to be in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is evidence of this insurance kept by the insured? If Yes, what limits are required?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$

2. Number of employees:

3. Number of underage drivers:

B) EMPLOYEE BENEFITS LIABILITY COVERAGE

1. Limits of Insurance:	\$ Each Employee \$ Aggregate (\$300,000 Maximum) 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:	



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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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
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Deductible Requested:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
2. Total number of employees, including owners and partners:	
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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