







	Storage Building 1	Storage Building 2	Storage Building 3
Fire Alarm Type	_____	_____	_____
Burglar Alarm Type	_____	_____	_____
Monitoring Company	_____	_____	_____
Fire Extinguisher	_____	_____	_____
Fire Extinguisher Last Certification Date	_____	_____	_____
Sprinkler	_____	_____	_____
Last Certification Date	_____	_____	_____
Security	<input type="checkbox"/> Night Watchman	<input type="checkbox"/> Flood Lights	<input type="checkbox"/> Fencing
			<input type="checkbox"/> Guard Dogs
Other (please explain):	_____		

**Boat Repairs** (repairs, restoration, alteration, maintenance)

Maximum Values of Vessels Handled \$ \_\_\_\_\_

Percentage of Income from: \_\_\_\_\_% Commercial Craft \_\_\_\_\_% Pleasure/Personal

Percentage if winterization not related to storage \_\_\_\_\_%

Types of Work Done:

_____ % Spray Painting	_____ % Minor Fiberglass	_____ % Woodworking	_____ % Electrical
_____ % Non-Spray Painting	_____ % Major Fiberglass	_____ % Engine Work	_____ % Welding

Are metal trash receptacles with lids in use?  Yes  No

Are safety/work rules posted on the door entry?  Yes  No

Are customers allowed to access boats while work is being performed?  Yes  No

If yes, describe procedure to prevent damages and injuries due to work in progress: \_\_\_\_\_

**Other Products and Services Offered** \_\_\_\_\_

**MOLL Coverage Limits**

Total Limit of Liability Requested	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
Limit per Vessel	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%		
Deductible Requested	<input type="checkbox"/> \$1,000 (minimum)	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000

**Protection and Indemnity Section – C**

Limit of Liability Requested  \$300,000  \$500,000  \$1,000,000

Average Experience of Employees Operating Vessels: \_\_\_\_\_ years

Are MVR's run annually for all operators?  Yes  No

Number of Work Boats (attach schedule) # \_\_\_\_\_

**Rental Boats** (attach schedule)

Number of Pontoons Rented	# _____	Number of Ski Boats Rented	# _____
Number of Fishing Boats Rented	# _____	Number of PWC's Rented	# _____
Number of Non-Powered Boats Rented (including SUP's)	# _____	Number of Sailboats Rented	# _____
Minimum Age of Renter	_____ years old		
Are overnight rental allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are vessels ever trailered to the body of water	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, by whom?	_____		
Swimming Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Watersports Towing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

To receive a quote the rental agreement, checkout procedures and waivers must be submitted with this application.

**Piers, Wharves and Docks Coverage Section – D** (Complete only if dock physical damage is requested)

Attach a diagram, indicating distances between where there is more than one pier, and include any available photos (preferably aerial) of site. Show on diagram proximity of surrounding shorelines.

Electricity on Docks?  Yes  No

When was the last update completed? \_\_\_\_\_

Is electrical power on docks protected by GFI?  Yes  No

If yes, when were docks last tested for stray current? \_\_\_\_\_

Spud Poles/Cable/Wench System: \_\_\_\_\_

Is cross cabling technique used?  Yes  No

Material of Cables (Stainless Steel?): \_\_\_\_\_

Designed Wind Speed Resistance: \_\_\_\_\_ mph  Unknown

Designed Snow Load Capacity: \_\_\_\_\_ lbs./sq. ft.  Unknown

Describe firefighting capabilities at pier: \_\_\_\_\_

Local fireboat available?  Yes  No

Are hydrants present within 500 ft?  Yes  No

Dock Total Limit Desired (must match attached schedule) \$ \_\_\_\_\_

Valuation Desired  ACV  RC Coinsurance:  80%  90%  100%

Standard Perils Deductible \$ \_\_\_\_\_ 1% (\$5,000 minimum)

Wind/Hail Deductible \$ \_\_\_\_\_ 2% (\$25,000 minimum)

\*Weight of Ice/Snow Deductible \$ \_\_\_\_\_ 3% (\$50,000 minimum)

Earthquake/Tsunami (Limited Availability) \$ \_\_\_\_\_ 3% (\$50,000 minimum)

\*We will want a written procedure from applicant outlining criteria and methodology for snow removal. i.e., when snow builds (#) inches, dock roofs are shoveled off, sprayed with warmer lake water, heaters used.

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

If yes, describe: \_\_\_\_\_

Are bubblers utilized for property left in water during winter months?  Yes  No

Name of Lake or River on which located: \_\_\_\_\_

Approximate distance to nearest of Dam, if applicable: \_\_\_\_\_

Have docks been relocated as a result of changes in water depth in the past 10 years?  Yes  No

If yes, describe: \_\_\_\_\_

Wake wall or other wave attenuation system present?  Yes  No

If yes: Type: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Are docks exposed to floating debris that could cause damage?  Yes  No

Business Income Amount for Docks, if any: \$ \_\_\_\_\_ Coinsurance:  80%  90%  100%

Describe any dock loss incurred in the last 10 years: \_\_\_\_\_

Is there any existing damage to piers, wharfs, docks?  Yes  No

If yes, describe: \_\_\_\_\_

**Dock Schedule for:** \_\_\_\_\_

Must be completed in detail to obtain quote

**SELECT ONE**

Dock #	Type of Construction (Frame)	Type of Construction (Deck)	Roof Framing Material	Brand / Builder / Unknown	Year Built	Dock Covered (roof) (Y/N)	Fixed or Floating	Age of Flotation	Flotation Encapsulated (Y/N)	Replacement Cost Value	ACV Value
									<b>Total:</b>		

Describe in detail roof construction:

 Note: Replacement cost coverage available generally on docks under the following conditions:  
 20 years or less in age with updates and inspections  
 Fixed or Enclosed Flotation  
 Constructed by a quality dock builder

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Commercial Tools & Equipment Coverage Section - E**
**Coverage**

Scheduled Equipment:

Fill in schedule below

Scheduled Equipment Deductible Requested:

 \$1,000 (minimum)     \$2,500     \$5,000     \$10,000

Unscheduled Equipment/Employee Tools:

\$ \_\_\_\_\_

Unscheduled Equipment/Employee Tools Deductible Requested:

 \$500 (minimum)     \$1,000     \$2,500     \$5,000     \$10,000

Where is the equipment stored? \_\_\_\_\_

 Are tools kept in locked compartments when premises are closed?     Yes     No

**Maintenance**

 Is there a regular equipment maintenance program in effect?     Yes     No

If yes, describe: \_\_\_\_\_

 Are maintenance records kept on file?     Yes     No

**Schedule of Equipment**

Item (Year, Make, Model)	Serial #	Value

**Owned Watercraft Section – F**

<b>Work Boats - Rental Boats - Pleasure Boats – Use separate sheet if necessary</b>				
Description (Year, Make, Model)	Hull ID	Value	Watersports Liability (Y/N)	Use of Boat (Work/Rental/Pleasure)

Owned Watercraft Deductible Requested:    \_\_\_\$1,000 (minimum)    \_\_\_\$2,500    \_\_\_\$5,000    \_\_\_\$10,000

**ACORDS**

Please Attach Appropriate ACORD Applications for Desired Coverage's

**Loss History**

Please Attach a Loss History for the Last 5 Years (Min)

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IS AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

**Applicant Signature**

**Date**



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**Comments or Additional Information**