

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application  
For  
**Marinas**

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant's Web Site Address \_\_\_\_\_

2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_

3. Address of location to be insured (If same as above, write "Same")  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Date Established: \_\_\_\_\_

5. List full names of individuals or partners and their interests \_\_\_\_\_

6. Please provide prior insurance information. If none, check here.

| Insurance Company | Policy Period | Limits of Liability | Premium | Occurrence Or Claims Made | Type of Coverage |
|-------------------|---------------|---------------------|---------|---------------------------|------------------|
|                   |               |                     |         |                           |                  |
|                   |               |                     |         |                           |                  |
|                   |               |                     |         |                           |                  |

7. During the past 3 years, have any claims been presented to your current or prior insurance carrier? Give full details, include description of claim, amount paid and reserves. (Add page if needed) \_\_\_\_\_  Yes  No

8. Is applicant, or any other persons for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed) \_\_\_\_\_  Yes  No

9. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past 3 years? If yes, provide full details below. (Add page if needed). \_\_\_\_\_  Yes  No

10. Please indicate percentage of income derived from the following services:

|                         |         |  |          |
|-------------------------|---------|--|----------|
| Storage                 | _____ % | Berthing   | _____ %  |
| Launching               | _____ % | Inboard engine repair                                      | _____ %  |
| Restaurant/Snack bar    | _____ % | Outboard engine repair                                     | _____ %  |
| New boat sales          | _____ % | Boat rental (Attach list of boats)                         | _____ %  |
| Hauling                 | _____ % | Fueling (Provide details of any underground storage tanks) | _____ %  |
| Hull Repair             | _____ % | # of slips   | _____    |
| Boating Instruction     | _____ % | Lifting capacity of cranes                                 | _____    |
| Parts/Accessories Sales | _____ % | Highest value of boat worked on                            | \$ _____ |
| Used boat sales         | _____ % |  |          |

(Continue on last page if more space is needed)

11. Are signs posted advising the public that work areas are off limits?  Yes  No
12. Does the applicant provide tools for customers?  Yes  No  
 If yes, are tools maintained and inspected on a regular basis?  Yes  No

13. Do walkways have:
- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| Non-slip surfaces?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adequate Lighting?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Guardrails & Handrails? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

14. Is the applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, please provide full details.  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Please show number of: \_\_\_\_\_ Full Time staff \_\_\_\_\_ Partners, owners, officers  
 \_\_\_\_\_ Part Time staff \_\_\_\_\_ Other (Please explain below)

16. Annual Sales \$ \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_

17. Name and phone number of person to contact for inspection/audit.  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

18. Please provide details of work performed by independent contractors \_\_\_\_\_  
 \_\_\_\_\_

Does the applicant require certificates of insurance from independent contractors showing general liability and Worker's Compensation coverage in force?  Yes  No

19. Do you assume anyone else's liability in your contracts? If yes, attach copy of contract.  Yes  No

| Additional Insureds* | Describe Interests of Additional Insureds* |
|----------------------|--|
|                      |  |
|                      |  |

\* Add page if needed.

21. LIMITS OF INSURANCE REQUESTED:

|  |          |                                |
|--|----------|--------------------------------|
| General Aggregate Limit (Other than Products-Completed Operations) | \$ _____ |                                |
| Products-Completed Operations Aggregate Limit                      | \$ _____ |                                |
| Personal and Advertising Injury Limit                              | \$ _____ | any one person or organization |
| Each Occurrence Limit  | \$ _____ |                                |
| Damage to Premises Rented to You (up to \$50,000 limit available)  | \$ _____ | any one premise                |
| Medical Expense Limit (up to \$5,000 limit available)              | \$ _____ | any one person                 |
| Each Professional Incident Limit (if applicable)                   | \$ _____ |                                |

22. Effective Dates Desired: From \_\_\_\_\_ To \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Producing Agent: \_\_\_\_\_