THE HARTFORD MARINE PACKAGE APPLICATION

APPLICANT INFORMATION

Name:

Address:

Ctiy/State/Zip:

Survey Contact/Phone:

☐ Individual ☐ Partnership ☐ Corporation ☐ Other

Producer's Name:

Address:

Ctiy/State/Zip:

GENERAL INFORMATION

1. List and describe any business owned, operated, or managed by the applicant, including any lessor's risk.

2. Number of years in business:

3. Proposed effective date:

4. Please provide name of current carriers, expiring premiums and policy expiration dates:

5. Is the applicant a subsidiary of any other entity or does the applicant have any subsidiaries? If Yes, please describe:

6. Any policy or coverage declined, canceled, or non-renewed during the prior three years? If Yes, explain:

LOCATIONS

A.	D.
B.	E.
C.	F.

COVERAGES REQUESTED

☐ Boat Dealers ☐ General Liability ☐ Owned Watercraft ☐ Property Insurance
☐ Equipment/Tools ☐ Marina Operators ☐ Piers, Wharves & Docks ☐ Protection & Indemnity

Please complete applicable sections on the following pages for all coverages requested; also include yes, no, or n/a where appropriate – receipts and sales information required.

GROSS RECEIPTS

Activity	Amount
Mooring	
Storage	
Repair	
Fueling	
Other Moll Receipts	
All Other Receipts*	
Total Receipts	

SALES

Type	Amount
Boat Sales	
Ship Store Sales	
Other Sales**	

*Please identify source of other receipts:

**Please identify source of other sales:

LOCATION INFORMATION

Security at Location ☐ Yes ☐ No	LOCATIONS A	B	C	D	E	F
U/L certified central station alarm	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A
Watchman service after business hours	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A
Describe nature and extent of watchman	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A
Alarm with outside gong or siren	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A
Completely fenced and floodlighted	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A
Automatic/emergency fuel shutoff valve	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A

Fire Protection ☐ Yes ☐ No	LOCATIONS A	B	C	D	E	F
Paid or volunteer						
Distance from location(s)						
Public fire hydrants – no. and distance						
Public fire mains – size and pressure						
Describe any private fire protection						

SECTION 1 – MARINA OPERATORS LIABILITY

1. Limits requested:

A. Any one vessel

B. Any one accident or occurence

2. Deductible requested (minimum $1,000)

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SECTION 1 – MARINA OPERATORS LIABILITY continued

Docking and Mooring	LOCATIONS					
	A	B	C	D	E	F
Slips available for rent						
Buoys available for rent						
Average value of yachts						
Max. value of yachts						
Slips under a common roof						

Describe type of heavy lift equipment and indicate lifting capacity:

Storage*	LOCATIONS					
	A	B	C	D	E	F
Max. number of yachts stored at any time in past year						
Number stored in summer						
Number stored in winter						
Average value of yachts						
Max. value of yachts						

A. Are yachts stored afloat between 12/1 and 4/1? ☐ Yes ☐ No ☐ N/A

B. Are yachts stored inside a building? ☐ Yes ☐ No ☐ N/A

If Yes, are they on racks? ☐ Yes ☐ No ☐ N/A Sprinkler system? ☐ Yes ☐ No ☐ N/A

C. Type of building construction: **D.** Fire rate:

E. Are yachts stored outside on racks? ☐ Yes ☐ No If Yes, how many?

* If you provide any storage a copy of the storage agreement is required for coverage to apply.

Repair Operations

A. Type of vessels:

B. Type of work:

C. Highest value of any one yacht repaired last year:

D. Describe any commercial ship repair work you do and provide receipts:

E. Receipts (non-commercial) past 12 months:

SECTION 2 – PROTECTION AND INDEMNITY

Sections Applicable

Marina operators	☐ Yes	☐ No	
Boat dealers	☐ Yes	☐ No	
Work boats	☐ Yes	☐ No	How many?
Rental boats	☐ Yes	☐ No	How many?
Other boats (exclude boats for sale)	☐ Yes	☐ No	How many?

For work boats, rental boats and other owned boats, indicate make, year built, length and horsepower for each:

Limit Requested

For owned watercraft, are crew covered? ☐ N/A If Yes, number:

Please fully describe work boat/rental boat/other owned boat operation if you're requesting P&I coverage for these vessels:

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SECTION 3 – GENERAL LIABILITY

Limits Requested (choose one)	Option A ☐	Option B ☐	Option C ☐
A. General Aggregate	$2,000,000	$1,000,000	$1,000,000
B. Products-Completed Ops Aggregate	$1,000,000	$500,000	$300,000
C. Personal and Advertising Injury	$1,000,000	$500,000	$300,000
D. Each Occurrence	$1,000,000	$500,000	$300,000
E. Fire Damage (any one fire)	$100,000	$100,000	$100,000
F. Medical Expense (any one person)	$5,000	$5,000	$5,000

Products Sold (ex boats and ship stores)	Annual Sales	No. of Units	Intended Use

1. Does applicant install, service, or demonstrate products? ☐ N/A If Yes, explain:

2. Foreign products sold, distributed, used as components? ☐ No If Yes, explain:

3. Research and development conducted or new products planned? ☐ No If Yes, explain:

4. Guarantees, warranties, hold harmless agreements? ☐ N/A If Yes, explain:

5. Products recalled, discontinued, changed? ☐ N/A If Yes, explain:

6. Products of others sold or repackaged under applicant's label? ☐ N/A If Yes, explain:

7. Products under label of others? ☐ N/A If Yes, explain:

8. Vendors coverage required? ☐ N/A If Yes, explain:

9. Does any named insured sell to other named insured? ☐ N/A If Yes, explain:

10. Products manufactured? ☐ N/A If Yes, explain:

Please attach literature, brochures, labels, warnings

Additional interests/certificate recipients?

Name and Address	Interest	Certificate

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GENERAL INFORMATION

1. Any medical facilities provided or doctor employed/contracted? ☐ N/A If Yes, explain:

2. Any exposure to radioactive/nuclear material? ☐ N/A If Yes, explain:

3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material? ☐ N/A If Yes, explain:

4. Any operations sold, acquired, or discontinued in the last 5 years? ☐ N/A If Yes, explain:

5. Any parking facilities owned/operators? ☐ N/A Number of parking spaces:
If Yes, explain:

6. Is a fee charged for parking? ☐ N/A If Yes, explain:

7. Recreation facilities provided? ☐ N/A If Yes, explain:

8. Is there a swimming pool on the premises? ☐ N/A If Yes, explain:

9. Sporting or social events sponsored? ☐ N/A If Yes, explain:

10. Any structural alterations contemplated? ☐ N/A If Yes, explain:

11. Any demolition exposure contemplated? ☐ N/A If Yes, explain:

12. Does harbormaster or any other person(s) live on premises? ☐ N/A If Yes, explain:

Additional Remarks:

SECTION 4 – BOAT DEALER'S INSURANCE

Requested Limits:

A. Limit any one vessel:

B. Limit any one location:

C. Limit any one accident or occurrence:

D. Deductible each occurrence each location (minimum $1,000):

Type of boats sold and manufacturer:

Are any high performance boats sold? ☐ Yes ☐ No

Are any personal watercraft or jet skis sold? ☐ Yes ☐ No

Are any snowmobiles sold? ☐ Yes ☐ No

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SECTION 4 – BOAT DEALER'S INSURANCE continued

Location	Last Inventory Date	Prior Inventory* Date	Average Monthly Inventory
Location A Building - Open Area - In Water -			
Location B Building - Open Area - In Water -			
Location C Building - Open Area - In Water -			
Location D Building - Open Area - In Water -			
Location E Building - Open Area - In Water -			
Location F Building - Open Area - In Water -			

* Should be six months from prior inventory date.

Transit Exposures

A. Are any boats delivered from manufacturer at the applicant's risk? ☐ N/A If Yes, how are they delivered?

Max. value of any one boat: Max. value of any one delivery:

B. Are any boats delivered by water to the applicant? ☐ N/A If Yes, from where?

C. Total values of boats delivered by applicant during the past year:

D. By public carrier:

E. By applicant's vehicle:

F. Average distance the boats are transported: Max. distance:

G. Number of boats delivered to purchaser by water:

H. Average distance: Average value:

Boat Shows

No. of boat shows annually: No. of boats each show:

In water or on land:

Max. dollar limit any one show:

Average/max. distance to show:

Transported by common carrier or own vehicles?

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SECTION 4 – BOAT DEALER'S INSURANCE continued

Demonstrations

Max. value any one boat:

Max. mph any one boat:

Is boat under command of competent employee? ☐ Yes ☐ N/A

Are demonstrators equipped with full complement of U.S. Coast Guard required safety equipment? ☐ Yes ☐ N/A

SECTION 5 – PIERS, WHARVES AND DOCKS

Indicate Valuation: Choose One

General	LOCATIONS					
	A	B	C	D	E	F
Number of floating docks						
Number of fixed piers						
Insured value for docks						
Insured value for piers						

Attach a diagram of the docks/piers if available.

Describe the floating docks and piers:

Indicate type of construction:

Indicate type of flotation devices:

Indicate type of mooring devices:

Age of docks: Age of piers:

Are the slips open or covered?

Number of open slips: Number of covered slips:

Describe the maintenance program:

Describe firefighting capabilities:

Deductible Requested (minimum $1,000):

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SECTION 6 – PROPERTY INSURANCE

Premises Information

Location No. Building No. **Subject of Insurance**	**ACV (ACV 80%) or Replacement Cost (RC 90%)**	**Limit**
Building:	Replacement Cost 90% ☐	
Contents:	Actual Cash Value 80% ☐	
Other:	Choose One	

Deductible (minimum $500):

Year built: How is this building used by the applicant?

Construction type:	Protection class:	RCP code:
Total area:	Other occupancies:	

Building improvements:

Wiring, year: Heating, year:

Roofing, year: Plumbing, year: No. of stories:

Burglar Alarm: ☐ N/A If Yes, describe:

Sprinkler Alarm ☐ N/A If Yes, describe:

Basement ☐ N/A ☐ Yes

Business Income and Extra Expense Coverage - Actual Loss Sustained

Requested Limit: **COINSURANCE 80%**

Premises Information

Location No. Building No. **Subject of Insurance**	**ACV (ACV 80%) or Replacement Cost (RC 90%)**	**Limit**
Building:	Replacement Cost 90% ☐	
Contents:	Actual Cash Value 80% ☐	
Other:	Choose One	

Deductible (minimum $500):

Year built: How is this building used by the applicant?

Construction type:	Protection class:	RCP code:
Total area:	Other occupancies:	

Building improvements:

Wiring, year: Heating, year:

Roofing, year: Plumbing, year: No. of stories:

Burglar Alarm ☐ N/A If Yes, describe:

Sprinkler Alarm ☐ N/A If Yes, describe:

Basement ☐ N/A ☐ Yes

Business Income and Extra Expense Coverage – Actual Loss Sustained

Requested Limit: **COINSURANCE 80%**

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SECTION 6 – PROPERTY INSURANCE continued

Premises Information

Location No. Building No. **Subject of Insurance**	**ACV (ACV 80%) or Replacement Cost (RC 90%)**	**Limit**
Building:	Replacement Cost 90% ☐	
Contents:	Actual Cash Value 80% ☐	
Other:	Choose One	

Deductible (minimum $500):

Year built: How is this building used by the applicant?

Construction type:	Protection class:	RCP code:
Total area:	Other occupancies:	

Building improvements:

Wiring, year: Heating, year:

Roofing, year: Plumbing, year: No. of stories:

Burglar Alarm ☐ N/A If Yes, describe:

Sprinkler Alarm ☐ N/A If Yes, describe:

Basement ☐ N/A ☐ Yes

Business Income and Extra Expense Coverage – Actual Loss Sustained

Requested Limit: **COINSURANCE 80%**

Premises Limit

SECTION 7 – EQUIPMENT/TOOLS

Equipment Coverage ☐ Indicate Valuation ☐ Choose One

Complete the following or submit schedule.

Description	Value	D/A	Serial Number	Location

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SECTION 8 – OWNED WATERCRAFT

Owned Watercraft Coverage ☐ Indicate Valuation ☐ Choose One

Fully describe any operation for which you're requesting coverage for owned watercraft:

Complete the following or submit schedule.

Description	Value	D/A	Serial Number	Location

If you're requesting coverage for boats that are rented, please submit a copy of the applicable rental agreement as well as a description of your rental qualification standards.

Mortgagees/Loss Payees	
Name and Address:	
Interest:	
Coverage Section(s) Applicable:	
Location:	

Mortgagees/Loss Payees	
Name and Address:	
Interest:	
Coverage Section(s) Applicable:	
Location:	

Mortgagees/Loss Payees	
Name and Address:	
Interest:	
Coverage Section(s) Applicable:	
Location:	

Mortgagees/Loss Payees	
Name and Address:	
Interest:	
Coverage Section(s) Applicable:	
Location:	

Mortgagees/Loss Payees	
Name and Address:	
Interest:	
Coverage Section(s) Applicable:	
Location:	

Mortgagees/Loss Payees	
Name and Address:	
Interest:	
Coverage Section(s) Applicable:	
Location:	

FOR ALL SECTIONS

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."

FRAUD WARNING STATEMENTS

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

ARBITRATION STATEMENT

Applicable to Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

Producer's Signature: _____ Title: _____

Print Name: _____ Date: _____

License Identification Number or National Producer Number: _____

(Florida Producers must Provide License Identification Number)

Navigators Insurance Company

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO YOUR HARTFORD OCEAN MARINE UNDERWRITER.

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Business Insurance
Employee Benefits
Auto
Home