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## MARINA OPERATORS SUPPLEMENTAL APPLICATION

PLEASE INCLUDE COMPLETED AND SIGNED **ACORD** COMMERCIAL APPLICATION, GENERAL LIABILITY APPLICATION, AND PROPERTY APPLICATION FORMS.

**NAMED INSURED:** \_\_\_\_\_

**PHYSICAL LOCATION** of property with reference to nearest body of water: \_\_\_\_\_

**OPERATIONS** at insured premises (Coverage limited to operations described in applications): \_\_\_\_\_

OPERATION	GROSS RECEIPTS PRIOR YEAR	EST. CURRENT YEAR
<b>Moorage:</b>		
Open Slips	\$ _____	\$ _____
Buoys	\$ _____	\$ _____
Covered Slips	\$ _____	\$ _____
<b>Storage on land:</b>		
Inside	\$ _____	\$ _____
Outside	\$ _____	\$ _____
<b>Hauling/launching:</b>	\$ _____	\$ _____
<b>Repair:</b>		
Hull	\$ _____	\$ _____
Engine	\$ _____	\$ _____
Rigging	\$ _____	\$ _____
Interior	\$ _____	\$ _____
Electronics	\$ _____	\$ _____
<b>Retail Sales:</b>		
Fuel: Gas	\$ _____	\$ _____
Fuel: Diesel	\$ _____	\$ _____
Supplies	\$ _____	\$ _____

### VESSEL INFORMATION:

What percentage do you handle in the above identified operations: \_\_\_\_\_ Aux. Sail \_\_\_\_\_ Powerboat \_\_\_\_\_

Average size: \_\_\_\_\_ Average value: \_\_\_\_\_

Total number of the vessels at your facility: \_\_\_\_\_

Are customers required to maintain insurance on their vessels:  YES  NO

Please describe any operation listed above which involves commercial vessels. Please describe the average size, type and commercial use of these vessels. \_\_\_\_\_

**LOCATION INFORMATION**

ISO protection class: \_\_\_\_\_ Distance in miles from nearest fire station: \_\_\_\_\_

Watchman, employee, or owner on premises at night:  YES  NO

Premises:  Fenced  Floodlighted  Locked during non-business hours

Age of the pilings: \_\_\_\_\_ Age of dock surface: \_\_\_\_\_ Age of walkways: \_\_\_\_\_

Age of dock wiring: \_\_\_\_\_

Age of Travel Lift: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Lift capacity: \_\_\_\_\_

Describe any buildings used to store or repair vessels (construction, age, heat source, fire protection):  
 \_\_\_\_\_  
 \_\_\_\_\_

Total number of slips: \_\_\_\_\_ Total number of buoys: \_\_\_\_\_

Total number of Vessels stored ashore: \_\_\_\_\_

**EMPLOYEE INFORMATION:**

As part of our underwriting program we will check the driving records of employees and owners.

Employee Name	Duties	Drivers License Number/State	# of years Employed

\*\*(Please indicate the designated Travel Lift Operator)

**LOSS EXPERIENCE**

Please list the dollar amount of **ALL LOSSES** (property, workers compensation, general liability and marina operators liability) paid or reserved by any insurance Company during the preceding five years. Please provide the details of each loss. \_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant** **Title** **Date**

\_\_\_\_\_  
**Signature Agent or Broker** **Date**

**Agency Name:** \_\_\_\_\_  
**Location:** \_\_\_\_\_