

## **Supplemental Application: Marina**

(Please Check One) 0 New 0 A	Addition O Renewal
NAMED ASSURED(S) / INTEREST:	REQUESTED EFFECTIVE AND EXPIRATION DATE OF INSURANCE:
LOCATION(S)/ADDRESS: [SHIPYARD / MARINA / FLEETERS)	REQUESTED LIMIT OF INSURANCE:
Please provide the number of slips and average number of vessels at each	h location, at any given time.
Does marina have mooring bouys?     O Yes     O No if yes, how many	
3. Please provide type of vessels at the marina, maximum and average size of	of vessels (GT and/or Dimensions). Upload in Excel format.(click to upload)
Type of vessels	Size of vessels
4. Does Marina repair, or sell vessels? Please provide a brief summary of wo	rk.
5 Does Marina operate any non-owned vessels O Yes O No	
Does Marina operate any non-owned vessels.     Yes        No     Does Applicant deliver and/or perform sea-trials?     Syes        No     If yes, please describe	
7. Please provide detail of any third party vessels, other than for repair, const location of vessels?	truction, etc that may be berthed at either of the applicant's locations. What type, size,
8. Are any vessels government owned and/or operated?  Government owned Government owned and operated?  None	
Does Applicant have a spill management plan?     Yes	
10. Does Applicant require vessels in their CCC have minimum insurance? If yes, please describe:	o Yes o No

11. Does Applicant have any "Other" pollution insurance?	o Yes o No
MGL/GL with S&A Pollution?	o Yes o No
Environmental Pollution Policy?	o Yes o No
12. Does Applicant contract any work to third parties? Are contractors required to have a General Liability policy with a Sudden & Sudden & Pollution Endorsement?	
13. Does the applicant perform or contract any vessel/tank cleaning? If so, please describe:	∘ Yes ∘ No
14. Do third party vessel owners/operators use the premise for an	ny other operations? o Yes o No
Please list all reported incidents for the previous five years. The list must include all currently open claims, showing payments and reserves, if any, and closed claims on which any payment was made. All figures should include legal fees and/or expenses. The above information must be reported for all vessels operated by Applicant and/or affiliated companies for the previous five years, whether or not the vessels appear on the schedule of vessels for which insurance is being requested, and should be uploaded in Excel format. (click to upload)	
<ul> <li>The applicant warrants that the information provided above is complete and accurate. Applicant understands that Underwriters shall rely upon the information and representations provided above in determining the acceptability, rates and conditions of coverage.</li> </ul>	
<ul> <li>It is understood that any misrepresentation or omission shall co claims, if any.</li> </ul>	nstitute grounds for immediate avoidance of or cancellation of coverage and denial of
<ul> <li>Signing this application does not bind the Applicant to purchase be the basis of the contract should a policy be issued.</li> </ul>	the insurance or the Company to accept the risk, but it is agreed that this application shall
Additional Comments:	
<ul> <li>Does Applicant own or lease the property. If lease, please</li> </ul>	se describe.