

- 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? Yes No
 Adequate Lighting? Yes No
 Guardrails & Handrails? Yes 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

20.

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: _____