

# Marina/Boat Dealer Application



# Marina/Boat Dealer Application

NAME OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounting Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company website: \_\_\_\_\_ NAICS: \_\_\_\_\_

Company type:  Individual  Partnership  Corporation  LCC  Other (describe) \_\_\_\_\_

## Section I – Applicant Information

1. Has any of the applicant's insurance been cancelled, declined or non-renewed in the past five years? ..... Yes  No

If yes, explain: \_\_\_\_\_

2. List any other business the applicant is associated with: \_\_\_\_\_

3. Is the applicant currently a:  Clean Marina  Top 100 Marina  20 Group Member  Association

If an Association, identify the Member Association names: \_\_\_\_\_

4. What is the management experience? \_\_\_\_\_ years

Is a certified marina manager on staff? ..... Yes  No

5. Has the applicant had an OSHA inspection within the last 3 years? ..... Yes  No

If yes, explain any recommendations that were made:

6. Does the applicant require additional insureds be added? ..... Yes  No

If yes, please describe below.

Additional Insured	Relationship



Marina/Boat Dealer Application

Location 2 Name: \_\_\_\_\_

Location Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Values: Buildings (land) \$ \_\_\_\_\_ Buildings (floating) \$ \_\_\_\_\_

Tools & Equipment: \$ \_\_\_\_\_ Boat Inventory: \$ \_\_\_\_\_

Docks: \$ \_\_\_\_\_ Work or Rental Boats: \$ \_\_\_\_\_

Notable Features or Comments

Location 3 Name: \_\_\_\_\_

Location Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Values: Buildings (land) \$ \_\_\_\_\_ Buildings (floating) \$ \_\_\_\_\_

Tools & Equipment: \$ \_\_\_\_\_ Boat Inventory: \$ \_\_\_\_\_

Docks: \$ \_\_\_\_\_ Work or Rental Boats: \$ \_\_\_\_\_

Notable Features or Comments

Location 4 Name: \_\_\_\_\_

Location Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Values: Buildings (land) \$ \_\_\_\_\_ Buildings (floating) \$ \_\_\_\_\_

Tools & Equipment: \$ \_\_\_\_\_ Boat Inventory: \$ \_\_\_\_\_

Docks: \$ \_\_\_\_\_ Work or Rental Boats: \$ \_\_\_\_\_

Notable Features or Comments

**Section III – Operations**

**ALL QUESTIONS MANDATORY FOR APPLICABLE OPERATIONS**

**1. Desired Limits And Deductibles**

<b>Coverage</b>	<b>Limit</b>	<b>Deductible</b>
Marine Operator Legal Liability:	\$ _____	\$ _____
Protection & Indemnity:	\$ _____	\$ _____
Dealer Inventory:	\$ _____	\$ _____
Equipment:	Per Schedule	\$ _____
Owned Boats:	Per Schedule	\$ _____

**2. Slip Rental (include a copy of the rental agreement)**

- a. Please describe GFP system: At Panel: \_\_\_\_\_ At Pier: \_\_\_\_\_ At Slip: \_\_\_\_\_
- b. Does the applicant test for stray current: .....Yes [ ] No [ ]  
If yes, how often? \_\_\_\_\_
- c. If applicable, what is the snow load rating of the dock from the manufacturer? \_\_\_\_\_ pounds per square foot
- d. When was the last time the applicant had the docks appraised for replacement cost? \_\_\_\_\_
- e. How often are the docks walked for visual inspection by management? \_\_\_\_\_
- f. Does the applicant have a transient contract with waiver and hold harmless language? .....Yes [ ] No [ ] N/A [ ]
- g. Are piers gated to restrict access to boat owners only? .....Yes [ ] No [ ]
- h. Does the applicant allow liveaboards? .....Yes [ ] No [ ]
- i. Is night security provided at the marina? .....Yes [ ] No [ ]
- j. Does the applicant allow swimming in or around the marina basin? .....Yes [ ] No [ ]  
If no, are no swimming signs posted? .....Yes [ ] No [ ]
- k. Does the applicant prohibit fueling on the docks? .....Yes [ ] No [ ]
- l. Does the applicant allow grilling on the docks? .....Yes [ ] No [ ]
- m. Are there 110v non-marine outlets on the docks? .....Yes [ ] No [ ]
- n. Does the applicant allow the use of extension cords on the docks? .....Yes [ ] No [ ]

**PLEASE COMPLETE THE DOCK SCHEDULE ON THE FOLLOWING PAGE IN DETAIL.**



**4. Winter Storage (include a copy of the storage agreement)**

- a. Does the applicant require a signed contract before the customer's boat is left in the applicant's care? ..... Yes [ ] No [ ]
- b. Are vessels tagged once winterization is complete? ..... Yes [ ] No [ ]
- c. Does the applicant shrink wrap the vessels inside the building? ..... Yes [ ] No [ ]
- d. Are customers restricted access to the building and from working on their boats? ..... Yes [ ] No [ ]
- e. If customers are allowed to work on their vessels in storage, please describe applicable rules

- f. How often are buildings checked for security and, if applicable, for snow load on the roof? \_\_\_\_\_

**5. Fueling**

- a. Are fuel tanks above ground? ..... Yes [ ] No [ ]  
If yes, is there a spill containment barrier? ..... Yes [ ] No [ ]
- b. Are no smoking signs clearly visible 360 degrees around the fuel tank? ..... Yes [ ] No [ ]
- c. Are gas dock attendants present while boats are being fueled? ..... Yes [ ] No [ ]
- d. Is the boat owner the one inserting the nozzle into the fuel fill? ..... Yes [ ] No [ ]
- e. Are no smoking signs clearly posted and visible from the dock and approaching vessels? ..... Yes [ ] No [ ]
- f. Are employees trained what to do in the event fuel enters the wrong tank or vessels hull? ..... Yes [ ] No [ ]

Such as:

- (1) Restrict the boat from starting or moving? ..... Yes [ ] No [ ]
- (2) Remove everyone from the area? ..... Yes [ ] No [ ]
- (3) Notify management? ..... Yes [ ] No [ ]

- g. Are employees required to wear gloves and eye protection when pumping out a vessel? ..... Yes [ ] No [ ]

**6. Boat Sales**

- a. Do all the staging areas and steps have secure handrails? ..... Yes [ ] No [ ]
- b. Are all ladders secured to the vessel via a rope or cable? ..... Yes [ ] No [ ]
- c. Are ladders or staging steps used 100% of the time for any boats displayed on land to discourage someone from jumping off the vessel? ..... Yes [ ] No [ ]
- d. Is inventory in a locked and lighted area during off hours? ..... Yes [ ] No [ ]
- e. Are prop guards used and/or props removed on all Inboard/Outboard and Outboard powered boats on display? ..... Yes [ ] No [ ]
- f. Are pulpits and/or hanging anchors over walkways marked or padded? ..... Yes [ ] No [ ]
- g. Are non-company owned vehicles ever used to tow a vessel to a boat show? ..... Yes [ ] No [ ]
- h. Are volunteers used to drive boats via water to any boat shows or events? ..... Yes [ ] No [ ]
- i. Is all paperwork for a sale done by a qualified finance and investment manager? ..... Yes [ ] No [ ]
- j. Is a delivery checklist used and signed by the purchaser to ensure they are familiar with all safety procedures and competent in the operation of the vessel? ..... Yes [ ] No [ ]



**8. Food And Liquor Sales**

a. What are the hours of operation for any restaurant or bar operation?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

b. Are courtesy slips provided for restaurant or bar patrons? .....Yes [ ] No [ ]

Number of Slips: \_\_\_\_\_

c. Is live entertainment provided? .....Yes [ ] No [ ]

If yes, please describe:

d. Is there a dance floor or is an area provided for dancing? .....Yes [ ] No [ ]

e. Are there pool tables, arcade games, etc.?.....Yes [ ] No [ ]

If yes, please describe:

f. Are all servers trained, i.e. TIPS or TAMS? .....Yes [ ] No [ ]

Name of Training: \_\_\_\_\_

g. Is a ride home policy in place for patrons arriving? By boat: Yes [ ] No [ ] By vehicle: Yes [ ] No [ ]

h. Has the applicant or any of the applicant's servers ever been issued a liquor or health department violation?.....Yes [ ] No [ ]

If yes, please describe and include the date(s) of violation(s): \_\_\_\_\_

i. Is all of the cooking and refrigeration equipment commercial grade? .....Yes [ ] No [ ]

j. Does the applicant have a UL 300 fire suppression system? .....Yes [ ] No [ ]

If yes, how often is the system inspected? \_\_\_\_\_

Name of Inspection Company: \_\_\_\_\_

k. How often are the oven hoods cleaned? \_\_\_\_\_ Name of cleaning company: \_\_\_\_\_

**9. Hotel/Motel**

a. Has the hotel/motel ever been suspected of having bed bugs or had a bed bug complaint? .....Yes [ ] No [ ]

b. Are all rooms equipped with working heat and smoke detectors? .....Yes [ ] No [ ]

c. Are all rooms equipped with working carbon monoxide detectors? .....Yes [ ] No [ ]

d. Is a staff member available 24 hours a day for issues that may arise? .....Yes [ ] No [ ]

If yes, in person? .....Yes [ ] No [ ]

**10. Campgrounds**

a. Types of rental provided: [ ] Annual [ ] Seasonal [ ] Weekly [ ] Nightly

b. Does the applicant require a signed contract upon arrival? .....Yes [ ] No [ ]

c. Does the contract provide space for camper's insurance information? .....Yes [ ] No [ ]

d. Does the campground have a septic system? .....Yes [ ] No [ ]

If yes, how often is it inspected? \_\_\_\_\_

- e. Is well water provided? ..... Yes [ ] No [ ]  
If yes, how often is it tested? \_\_\_\_\_
- f. Is night security provided? ..... Yes [ ] No [ ]

**11. Leased Building Space (list all tenants)**

Name	Type Of Insurance	Insurance On File	Bldg No.

- a. Are all tenants required to carry liability insurance limits equal to or greater than the applicant's? ..... Yes [ ] No [ ]
- b. Are all tenants required to carry property or fire legal liability limits equal to or greater than the value of the building they occupy?..... Yes [ ] No [ ]

**12. Vacant Land**

- a. Is the applicant's vacant land: Gated? Yes [ ] No [ ] Fenced? Yes [ ] No [ ]
- b. Is there any body of water such as a creek or pond on the vacant land? ..... Yes [ ] No [ ]
- c. Is any parking or are any events held on the vacant land at any time? ..... Yes [ ] No [ ]  
If yes, please describe:

**13. Swimming Pools**

- a. Number of Pools: \_\_\_\_\_ Number of Hot Tubs: \_\_\_\_\_
- b. Hours of operation for the pool area: \_\_\_\_\_ to \_\_\_\_\_
- c. How often is the water tested? \_\_\_\_\_
- d. Are rules and regulations including occupancy posted within the pool area?..... Yes [ ] No [ ]
- e. What is the minimum allowable age for a child without adult supervision? \_\_\_\_\_  
Is the age requirement clearly posted? ..... Yes [ ] No [ ]
- f. Are life guards provided? ..... Yes [ ] No [ ]
- g. Is the pool area fenced? ..... Yes [ ] No [ ]
- h. Are there child gates or locks at all entrance points? ..... Yes [ ] No [ ]
- i. Is the pool area checked and locked down at the end of each day? ..... Yes [ ] No [ ]
- j. Is the pool deck anti-slip? ..... Yes [ ] No [ ]  
Please describe:

- k. Is the pool depth clearly marked on the pool deck? ..... Yes [ ] No [ ]
- l. Are there: Life Rings? Yes [ ] No [ ] Sheppard Hooks? Yes [ ] No [ ]
- m. Is there an entrapment device in place to prevent entrapment by the suction from drains or other fixtures?..... Yes [ ] No [ ]
- n. Is there a diving board? ..... Yes [ ] No [ ]  
If no, is "no diving" clearly marked on the pool deck? ..... Yes [ ] No [ ]
- o. Is there a slide? ..... Yes [ ] No [ ]



**Fraud Warnings**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD only.

**Applicable in CO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Applicable in FL and OK:** 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)\*. \*Applies in FL only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME only.

**Applicable in MN:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in VT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Applicable in all other states:** 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.

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**Representation statement**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

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Name of applicant \_\_\_\_\_ Title \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of agent \_\_\_\_\_ Date \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_