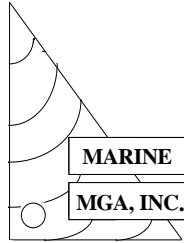


1117 ELM STREET
MANCHESTER, NH
03101



YACHT DEALERS & MARINA OPERATORS APPLICATION

Name of Applicant: _____

Mailing Address: _____

Business Address (if different than above): _____

Inspection (Contact/Phone): _____

Years in Business under present ownership? _____

Loss Payee(s): _____

Proposed Effective Dates of Coverage: From: _____ To: _____

COVERAGES APPLIED FOR: Yacht Dealers _____; Marina Operators Legal Liability _____; Protection and Indemnity _____; Mobile Equipment _____; Tools _____; Docks, Wharves and Piers _____; Workboats _____.

Additional coverage's applied for under separate ACORD application: Property _____; General Liability _____; Crime _____; Commercial Auto _____; Liquor _____; Umbrella _____. Also, please include ACORD 125 (information section).

GENERAL INFORMATION

1. Location(s) of Marina: A. _____

B. _____

C. _____

2. Protection: Lights _____; Chains _____; Fully Fenced _____; Watchman Service _____; Breakwater _____;

Certified Central Station Alarm _____; Alarm System (not certified) _____; Other _____

3. Describe Hurricane Emergency Plan: _____

4. Regular snow removal plan in effect for roofs and access ways? _____

3. Limits desired:

\$ _____ any one vessel;
 \$ _____ while in transit ;
 \$ _____ while on premises at _____ ;
 \$ _____ while on premises at _____ ;
 \$ _____ while off premises on exhibition (to be listed);
 \$ _____ any one occurrence.

4. Gross sales last 12 months (all locations combined): \$ _____

5 Do you do demonstrations with customers aboard? _____ How often? _____

6. Deductible desired: \$ _____

7. Number of Boat Shows attended annually? _____ List location of shows: _____

Do you exhibit at any "in-the-water" shows? _____

Do you take customers boats to shows? _____ How frequently? _____

MARINA OPERATORS LEGAL LIABILITY

1. Operations to be covered: Repair _____; Storage _____; Docking & Mooring _____; Fueling _____;
 Hauling Out & Launching _____; Other _____; Please Specify: _____

2. Limit desired: \$ _____

3. Deductible desired: \$ _____

4. Repair:

A. Describe repair services offered: _____

B. Type of vessels repaired? _____

C. Any fibreglassing done? _____ Any spray-painting done? _____

D. Value of vessels: Average _____; Maximum _____

E. Are trial runs performed after work is completed? _____

F. Do owners repair their own vessels? _____; Any repairs sub-contracted? _____

G. Any repairs done off premises? _____; What percentage? _____

H. Gross Receipts from Repairs last two years: \$ _____ 19 _____; \$ _____ 19 _____

5. Storage:

- A. Number of vessels stored? Inside _____; Outside _____; In water _____
- B. Describe buildings used for winter storage: _____
Are they heated? _____
- C. On Cradles/Jack-Stands _____%; In Racks _____%; On Trailers _____%
- D. Are "Hold Harmless" Agreements obtained? _____
- E. Average value of any one vessel stored: \$ _____; Maximum Value of any one vessel stored: \$ _____
- F. Normal months of peak storage: _____
- G. Gross Receipts from Storage last two years: \$ _____ 19 _____; \$ _____ 19 _____
6. Docking And Mooring:
- A. Number of slips available: _____; Open? _____; Covered? _____
- B. Number of moorings available: _____
- C. Describe the maintenance schedule on docks and moorings: _____

- D. Distance from docks to fueling area: _____
- E. Gross Receipts from Docking and Mooring last two years: \$ _____ 19 _____; \$ _____ 19 _____
7. Fueling:
- A. Who does fueling? Marina Employee: _____ or Boat owner: _____
- B. Fire Extinguishers present? _____; Recently tagged and weighed? _____
- C. Is emergency fire procedure in place? _____
- D. Gross Receipts from Fueling last two years: \$ _____ 19 _____; \$ _____ 19 _____
8. Hauling Out and Launching (other than in connection with repair, storage or docking):
- A. Type of lifts: _____
- B. Is regular maintenance performed on equipment? _____
- C. Is over-land transit available? _____. If so, please describe: _____

- D. Gross Receipts from Hauling Out & Launching last two years: \$ _____ 19 _____; \$ _____ 19 _____

PROTECTION AND INDEMNITY (\$2,000 MEDICAL PAYMENTS INCLUDED)

1. [] Yacht Dealer Operations; [] Marina Operators

2. Limits desired: \$ _____

MOBILE EQUIPMENT - PHYSICAL DAMAGE COVERAGE:

1. List all mobile equipment to be insured hereunder:

<i>Year</i>	<i>Make & Model</i>	<i>Serial Number</i>	<i>Value</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. Is any equipment used off premises? _____. For what purpose? _____

3. Deductible (\$250. minimum): \$ _____

TOOLS

1. Tools belonging to the Marina: Maximum any one item \$ _____; Total Value \$ _____

2. Employee Tools: Number of employees: _____; Maximum any one item: \$ _____; Total Value \$ _____

3. Deductible (\$250. minimum): \$ _____

DOCKS, WHARVES AND PIERS - PHYSICAL DAMAGE COVERAGE:

1. Description of Property:

<i>Description</i>	<i>Construction</i>	<i>Date of Construction</i>	<i>Value</i>
Bulkheads	_____	_____	\$ _____
Slips (Permanent)	_____	_____	\$ _____
Slips (Temporary)	_____	_____	\$ _____
Miscellaneous (i.e. Electric, Cable, Water, Fuel)	_____	_____	\$ _____
Temporary Structures	_____	_____	\$ _____

2. Deductible: \$ _____ (\$1,000. minimum)

3. Distance to breakwater or natural barrier: _____

4. Is there any fire protection present? _____ Describe: _____

5. Any commercial loading or unloading? _____ Describe: _____

WORKBOATS

1. Description of boats to be insured:

<i>Age</i>	<i>Length</i>	<i>Manufacturer</i>	<i>Serial Number</i>	<i>H.P.</i>	<i>Value</i>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

2. Describe usage of vessels: _____

A. Any passenger carrying vessels? _____ Please describe: _____

3. Lay-Up: From _____; To _____.

4. Navigation Area: _____

5. Deductible: \$ _____ (minimum \$250)

6. Protection & Indemnity Limit required? _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

AGENT: _____

Applicant's Signature: _____

PLEASE ATTACH SITE DIAGRAM