

CONCEPT MARINA PHYSICAL DAMAGE APPLICATION FORM

PART ONE

INSUREDS NAME: (ANY ADDITIONAL ASSUREDS TO BE LISTED ON PAGE 5 OF THIS APPLICATION FORM)		
INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER <input type="checkbox"/> _____		
FULL MAILING ADDRESS (STREET NAME, CITY, ZIPCODE):		
EFFECTIVE DATE FROM: (MM/DD/YR)	TO: (MM/DD/YR)	0.01hrs LST

General Information

Coverage Limits

	TICK IF REQUIRED	RELEVANT SECTIONS TO COMPLETE
PHYSICAL PROPERTY		IF REQUIRED PLEASE COMPLETE PART TWO
BUSINESS INTERRUPTION COVERAGE ENDORSEMENT		BASED ON GROSS RECEIPTS AND LIMIT REQUESTED IN PART ONE

General Questions

LIST AND DESCRIBE ANY BUSINESS OWNED, OPERATED OR MANAGED BY THE INSURED, INCLUDING ANY LESSOR'S RISK AND NUMBER OF YEARS IN THE BUSINESS:
NAME OF OPERATIONS MANAGER, AGE & YEARS OF EXPERIENCE IN THIS FIELD:
PLEASE PROVIDE NAME OF CURRENT INSURERS, EXPIRING PREMIUMS AND POLICY EXPIRATION DATES:
IS THE INSURED A SUBSIDIARY OF ANY OTHER ENTITY OR DOES THE INSURED HAVE ANY SUBSIDIARIES? IF YES, PLEASE DESCRIBE:

ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED IN THE PAST 5 YEARS? IF YES, PLEASE EXPLAIN:
LOSS RECORD: LIST ALL LOSSES INCURRED DURING THE PAST 5 YEARS TO PROPERTY OR FROM MARINA OPERATIONS INCLUDING DATE, CAUSE, AMOUNT PAID OR ESTIMATED AMOUNT IF CLAIM STILL ONGOING (IF NONE, STATE 'NONE')
HAVE YOU OR YOUR OPERATIONS MANAGER EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OR PLEADED NO CONTEST?
LOCATION AND FULL ADDRESS (STREET NAME, CITY, ZIPCODE) INCLUDING LATITUDE AND LONGITUDE

Gross Receipts

ANNUAL GROSS RECEIPTS: ACTIVITY	ANNUAL GROSS RECEIPTS: AMOUNTS	PERCENTAGE OF INCOME
DOCK RENTAL	US\$	%
STORAGE	US\$	%
REPAIR	US\$	%
FUELING	US\$	%
HAULING/LAUNCHING	US\$	%
RENTAL (BOATS)	US\$	%
RENTAL (LEASED PROPERTY)	US\$	%
ALL OTHER RECEIPTS	US\$	%
TOTAL RECEIPTS	US\$	%
BUSINESS INTERRUPTION LIMIT REQUIRED	US\$	

PART TWO

Piers, Wharves and Docks (attach diagrams of the
Docks and Piers)

PIERS, WHARVES & DOCKS (PLEASE ATTACH DIAGRAMS OF THE DOCKS AND PIERS)		
NUMBER OF FLOATING DOCKS		
NUMBER OF FIXED PIERS		
INSURED VALUE FOR DOCKS US\$		
INSURED VALUE FOR PIERS US\$		
BASIS OF VALUATION (PLEASE TICK): ACTUAL CASH VALUE <input type="checkbox"/> REPLACEMENT COST VALUE <input type="checkbox"/>		
PLEASE DESCRIBE THE DOCKS AND PIERS:		
INDICATE TYPE OF CONSTRUCTION (%)	WOOD _____% CONCRETE _____% STEEL _____%	
INDICATE TYPE OF FLOATATION DEVICES		
INDICATE TYPE OF MOORING DEVICES		
OLDEST AGE OF DOCKS		
OLDEST AGE OF PIERS		
NUMBER OF OPEN SLIPS		
NUMBER OF COVERED SLIPS		
PLEASE TICK WHERE APPROPRIATE & PROVIDE DIAGRAMS/PICTURES		
TYPE	AGE	CONSTRUCTION
SEA WALL		
BULKHEAD		
BREAKWATER		
JETTY		
DESCRIBE THE MAINTENANCE PROGRAM & FREQUENCY:		

IF FLOATING DOCKS HOW LONG SINCE CABLING OR ANCHORING SYSTEM WAS INSTALLED OR REPLACED & WHAT MATERIAL IS IT?		
IS ALL ELECTRICAL WIRING AND PLUMBING WHICH IS PERMANENTLY AFFIXED TO THE DOCK IN COMPLIANCE WITH REGULATIONS & MARINE INDUSTRY STANDARDS? (e.g. NFPA 303).		
HAVE UNDERWRITERS BEEN PROVIDED WITH THE MOST RECENT INSPECTION	YES	NO

Location Based Protection: please tick where appropriate

CERTIFIED CENTRAL STATION ALARM	
WATCHMAN SERVICE AFTER BUSINESS HOURS	
NATURE AND EXTENT OF WATCHMAN (24 HR/PATROL)	
ALARM WITH OUTSIDE GONG OR SIREN	
COMPLETELY FENCED AND FLOODLIT	
AUTOMATIC/EMERGENCY FUEL SHUTOFF VALVE	

Fire Protection at Locations

IS THE LOCAL FIRE DEPARTMENT PAID OR VOLUNTEER	
WHAT IS THE DISTANCE OF THE LOCAL FIRE DEPARTMENT FROM LOCATION	
NUMBER OF PUBLIC FIRE HYDRANTS WITHIN 100 MTRS	
PUBLIC FIRE MAINS - SIZE & PRESSURE	
OTHER PRIVATE FIRE PROTECTION	
DESCRIBE THE FIREFIGHTING CAPABILITIES AT THE PIER:	
IS A LOCAL FIRE BOAT AVAILABLE	

Geographical Information

AVERAGE TIDAL VARIATIONS	
MINIMUM DEPTH OF WATER	
MAXIMUM WIND VELOCITY	
DIRECTION FROM WHICH WIND ORIGINATES	
ARE DOCKS/PIERS REMOVED FOR WINTER	
DESCRIBE THE EVACUATION PLAN FOR APPROACHING WIND STORMS: USE ADDITIONAL SHEETS IF NECESSARY	
PHYSICAL PROPERTY TOTAL SUM INSURED US\$: _____ DEDUCTIBLE: _____ (1% MINIMUM)	
THIS MUST BE BASED ON ACTUAL CASH VALUE	

Additional Assureds and Loss Payee

ADDITIONAL ASSUREDs REQUIRED - PLEASE PROVIDE FULL NAME, ADDRESS AND REASON FOR INCLUSION AS AN ADDITIONAL ASSURED
LOSS PAYEE IF APPLICABLE

PLEASE READ BEFORE SIGNING APPLICATION

1. This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained therein.
2. Any misrepresentation in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application.
3. Fraud Statement – please see page 5 of this application form & initial the paragraph relevant to you to indicate that you have read and understood this.

APPLICANT SIGNATURE:	PRINT NAME & STATE YOUR CONNECTION TO THIS POLICY IF YOU ARE NOT THE NAMED INSURED/BENEFICIAL OWNER	SIGNATURE DATE:
PRODUCING BROKER:		

Applicable in California

For your *protection*, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. California Insurance Frauds Prevention Act 1871.2

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony*

*In Florida - Third Degree Felony

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and wilfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638:20.

Applicable in New Jersey

Any person who knowingly and with the intent to defraud any insurance company or other persons, files a 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, subject to the criminal prosecution and civil penalties

Applicable in New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.