

## CONCEPT MARINA PHYSICAL DAMAGE RENEWAL QUESTIONNAIRE

<b>INSUREDS NAME: (ANY ADDITIONAL ASSUREDS TO BE LISTED ON PAGE 5 OF THIS APPLICATION FORM)</b>		
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

### Coverage Limits

	LIMIT REQUIRED	DEDUCTIBLE
PHYSICAL PROPERTY		
<b>IS THE ABOVE LIMIT BASED ON:</b>	<b>ACTUAL CASH VALUE OR REPLACEMENT VALUE</b>	
BUSINESS INTERRUPTION COVERAGE ENDORSEMENT		(Note: BASED ON GROSS RECEIPTS)

### General Questions

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?

### 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\$	

**LOSS PAYEE IF APPLICABLE:**

**PLEASE LIST ANY CHANGES:**

**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:**