



Insurance for  
**Things That Move.™**

201 County Court Blvd., Suite 505  
 Brampton, Ontario, Canada L6W 4L2  
 Tel: (905) 455-6608 Fax: (905) 455-5298

885 West Georgia Street, Suite 1500  
 Vancouver, BC., Canada V6C 3E8  
 Tel: (604)683-0506

Email: [eagle@eagleunderwriting.com](mailto:eagle@eagleunderwriting.com)  
[www.eagleunderwriting.com](http://www.eagleunderwriting.com)

**Application for Marina Operators Legal Liability Insurance**

**Section 1 – General Information**

|   |  |
|---|--|
| Applicant's Name  | Broker's Name  |
| Applicant's Address<br>Street   | Broker's Address<br>Street                                       |
| City  | City   |
| Postal Code   | Postal Code  |
| Phone   | Phone  |
| Fax   | Fax  |
| Email   | Email  |
| Name of Operating Manager   | Number of years experience in Marina and/or Boat Yard operations |
| Number of<br>a) Years in operation under present management _____<br>b) Full Time Employees _____<br>c) Part Time Employees _____ |  |

**Section 2 – Building Descriptions**

This form of Policy covers liability to private pleasure type boats and equipment thereon, including outboard motor boats and motors, in your custody for repairs, maintenance, storage, mooring, hauling, launching, and while servicing with fuel, provisions, etc.

List all premises, with their complete address, at which marina operations are performed.

**Note:** If you have more than three premises please attach a separate sheet that contains the information required for each premise (see information required below).

A)

B)

C)

Please provide the following details regarding each premise.

|           | Age | Construction | Use of Building | Sprinkler System   |
|-----------|-----|--------------|-----------------|--|
| Premise A |     |              |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Premise B |     |              |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Premise C |     |              |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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**Section 3 – Fire Protection and Security Measures**

Please answer “yes” or “no” for each premise

|   | Premise A  | Premise B  | Premise C  |
|---|--|--|--|
| a) Certified central station alarm – serviced by _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Watchman service when premise not opened for business  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Area completely fenced and lighted – describe fences _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Alarm system with outside siren  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Other measures   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Please indicate the distance from fire dept.<br><input type="checkbox"/> Voluntary <input type="checkbox"/> Paid |  |  |  |
| g) What is the average depth of water in the marina service area?   |  |  |  |

**Section 4 – Repair Operations**

|  | Premise A | Premise B | Premise C |
|--|-----------|-----------|-----------|
| What was the estimated highest value of any one yacht repaired during the last 12 months?              | \$        | \$        | \$        |
| What was the estimated maximum value of yachts under repair at any one time during the last 12 months? | \$        | \$        | \$        |

Any welding or similar operations carried out in the yard(s)?

Does the yard permit owners to work on their own boats?

Yes  No

If yes, please describe your restrictions imposed with regard to such work, and any tools and equipment provided to the owners for their use.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were your gross receipts from repair operations during the last 12 months?

\$

Anticipated gross receipts in the next 12 months

\$

**Section 5 – Storage Operations**

**Note:** Boats in storage are those that are laid-up and out-of-commission during the lay-up season, not being used by anyone, either afloat (on mooring or in a slip) or ashore.



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What was the maximum number of yachts stored at any one time during the last 12 months?

|           | Ashore in Buildings | Ashore in the open | Afloat covered | Afloat open | Mooring at buoys |
|-----------|---------------------|--------------------|----------------|-------------|------------------|
| Premise A | #                   | #                  | #              | #           | #                |
| Premise B | #                   | #                  | #              | #           | #                |
| Premise C | #                   | #                  | #              | #           | #                |

What was the estimated average value of an individual yacht stored during last 12 months?

|           | Ashore in Buildings | Ashore in the open | Afloat covered | Afloat open | Mooring at buoys |
|-----------|---------------------|--------------------|----------------|-------------|------------------|
| Premise A | \$                  | \$                 | \$             | \$          | \$               |
| Premise B | \$                  | \$                 | \$             | \$          | \$               |
| Premise C | \$                  | \$                 | \$             | \$          | \$               |

What is the period of the customary lay-up in your area?

To \_\_\_\_\_ From \_\_\_\_\_

How vessels stored:

Stacked                       Cradles                       Vertical                       Other

### Section 6 – Mooring and Slip Rental Operations

|                   | How many mooring slips &/or mooring buoys are available for rental? |           |           | What is the estimated average value of an individual yacht moored at such slips or buoys? |           |           |
|-------------------|---|-----------|-----------|---|-----------|-----------|
|                   | Premise A   | Premise B | Premise C | Premise A   | Premise B | Premise C |
| Covered Slips     | #   | #         | #         | \$  | \$        | \$        |
| Open Slips        | #   | #         | #         | \$  | \$        | \$        |
| Moorings at Buoys | #   | #         | #         | \$  | \$        | \$        |

What were your gross receipts from mooring and slip rental operations during the last 12 months?

Anticipated in next 12 months

What % of members rent slip and/or buoys on a yearly basis?  
%

### Section 7 – Fuelling

What were your gross receipts from fuel and oil sales during the last 12 months?

Anticipated in next 12 months

Does a marina employee fuel the boats?  
 Yes       No

### Section 8 – Hauling and Launching

Gross receipts, if any, from hauling and launching (not in conjunction with storage or repair) last 12 months  
\$

Anticipated in the next 12 months  
\$



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Describe hauling and launching facilities and equipment, including transportation equipment/method:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 9 – Miscellaneous**

Receipts for all other sales and other transient services, including mooring, not on a seasonal basis for the past 12 months

\$

Anticipated in the next 12 months

\$

Describe all other sales and transient services

Do you own or operate any watercraft in connection with Marina activities?

Yes     No

If yes, we suggest that you consider applying for Hull Protection and Indemnity Insurance.

Please attach a separate document that describes your vessels, including their hull, age and value.

Are there any floating docks at any location?

Yes     No     Overall

If yes, please provide the following information

|   | Length (feet) | Average Age | Construction/Floatation Material |
|---|---------------|-------------|----------------------------------|
| A |               |             |                                  |
| B |               |             |                                  |
| C |               |             |                                  |

Did you sign a "hold harmless" agreement (contract)?

Yes     No

If yes, please enclose a blank specimen.

**Section 9 – Limits of Liability**

Any one vessel

| Premise A | Premise B | Premise C |
|-----------|-----------|-----------|
| \$        | \$        | \$        |

Any one accident or occurrence protection & indemnity limit

|    |    |    |
|----|----|----|
| \$ | \$ | \$ |
|----|----|----|

**Note:** This form of policy also covers, under the P& I section, if requested, your liability for Third Party Damage, and Third Party Loss of Life and Personal Injury, when you or your employees are operating insured boats.



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**Section 10 – Loss Record**

Please list all claims made against in the past five years that resulted from operations covered by this form of policy. Please include the date, cause and amount paid.

|  |
|--|
|  |
|  |
|  |

Who is your current insurance carrier?

Has any insurance company cancelled or refused to renew this type of insurance for you?

Yes     No

If yes, please include the name of the company and the reason

| Name of Company | Reason |
|-----------------|--------|
|-----------------|--------|

Desired Effective Date

**IMPORTANT** – The completion and signing of this application does not bind the applicant or the Company to effect insurance of the risk. It is submitted only for the purposes of rating and quoting, if acceptable to this Company.

To ensure a prompt quotation, please ensure the application is complete and that any coverage not required is stricken from the application. An incomplete or unsigned application will be returned.

Applicant's Signature

Date