HARBOR RISK

A DIVISION OF
INNOVATION GROWTH PARTNERS SPECIALTY, LLC

Questions: 866-411-7446
Submissions: submit@harborrisk.com

Boat & Yacht Club Application

Agent Information

Agency Name: _____

Contact Name: _____

Mailing Address: _____

City:_____State: _____ Zip: _____

Email: _____Phone: _____

Applicant Information

Legal Entity Name: _____

DBA: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

General Information

Coverage Effective Date: _____ Current Carrier: _____

Is Renewal Being Offered: ☐Yes ☐No

Does Submitting Agent Control the Account: ☐Yes ☐No

Expiring Premium All Lines: $_____

Additional Named Insureds	Relationship
_____	_____
_____	_____

Years Under Current Management: _____

Has insurance been declined, cancelled, or non-renewed in the past 5 years? ☐Yes ☐No

If Yes, why? _____

Member of MTAM or MBIA Association:☐Yes ☐No

Certified Clean Marina? ☐Yes ☐No

Services w/ Anticipated Receipts (MAKE SURE THESE MATCH GL ACORD)

Slip/Mooring Ball Rental $ _____

Boat Storage (dry) $ _____

Boat Rental $_____

Sailing School or Youth Program _____# of students

Fuel Sales $_____

Retail Boating Supplies & Clothing $_____

Restaurant $ _____

Liquor $ _____

Event Rental (number of) _____

Catering $ _____

Other Receipts $ _____

Explain _____

Is garage keepers legal liability (valet or paid parking desired) ☐Yes ☐No

Yacht Club Legal Liability (attach slip rental agreement)

Limit $1,000,000 coverage requested? ☐Yes ☐No (Request excess if higher limits desired)

Expiring Deductible ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000

Number Of Slips Available: _____

Number Of Club Members: _____

Maximum Value of Any One Vessel Docked $_____

Average Value of Any One Vessel Docked $_____

Mooring and Anchoring (attach mooring agreement)

Maximum # Vessels Moored _____

How are Moorings Anchored _____

anchor type _____ anchor weight _____

Fueling

Types of fuel tank: ☐ Above ground ☐ Below ground

_____Gallons of gas, _____Gallons of diesel

If above ground, is there a spill containment barrier: ☐ Yes ☐ No

Do they have absorbent pads or socks for waterborne spill event(s): ☐ Yes ☐ No

Emergency Fuel shutoff located on dock: ☐ Yes ☐ No

Are boats ever fueled directly by truck: ☐ Yes ☐ No

Are no smoking signs visible by approaching vessels: ☐ Yes ☐ No

Are employees trained what to do in event fuel enters the wrong tank or vessel hull: ☐ Yes ☐ No

Boat Storage Ashore (attach storage agreement)

Values And Methods of Storage	Average Value of Vessel	Maximum Value of Vessel	Total # of Vessels
# of boats outside	$	$	
# of boats inside	$	$	
# of boats in water	$	$	

How are masts stored and where? _____

Are shrink wrap services provided? ☐ Yes ☐ No

Is voluntary (club member) labor used? ☐ Yes ☐ No

Are customers allowed to work on their boats while stored in buildings? ☐ Yes ☐ No If yes:

Are customers allowed to use power tools in buildings? ☐ Yes ☐ No

Are customers allowed to use chemicals such as epoxy paints, varnish or solvents in buildings? ☐ Yes ☐ No

When the business is closed for extended periods, how often are the buildings checked: _____ days

Protection and Indemnity

Limit $1,000,000 coverage requested? ☐ Yes ☐ No (No deductible. Request excess if higher limits desired)

Med Pay Limit (standard) $10,000

# of work boats:_____ # of committee boats: _____ # of safety boats: _____

Regatta Liability

Number of Regatta's with vessels outside of the club participating each year _____

Are boats borrowed for committee, spectator or safety boat purposes during regattas? ☐ Yes ☐ No

Is alcohol provided? ☐ Yes ☐ No Is there a charge? ☐ Yes ☐ No Is there live entertainment? ☐ Yes ☐ No

Are insurance certificates from all participating vessels required? ☐ Yes ☐ No

Sailing School (attach sailing school agreement, waivers, procedures/forms required to quote)

Sailing School Vessels: ☐ Scheduled Below ☐ Spreadsheet Provided w All Information Below

Loc	Type	Make	Length	Year Built	H.P.	Value	Deductible	Water-sports Towing Y/N	Are these vessels rented

# of sailing school vessels: _____ # of sailing school students (annual): _____

Max # of sailing students on the water at one time: _____

Do you have a mandatory lifejacket policy while operating boats above? ☐ Yes ☐ No

Maximum number of Sailing School Students on the Water per Instructor: _____

Are instructors certified through US sailing or American Sailing Association? ☐ Yes ☐ No

Is there a safety boat on the water during all sailing school sessions? ☐ Yes ☐ No

Are students required to take a swimming proficiency test prior to entering the program? ☐ Yes ☐ No

Are waivers of liability signed by parents or guardians? ☐ Yes ☐ No

Rental Boats (rental agreement, waivers, training materials and check out/in procedures/forms required to quote)

Rental Vessels: ☐ Scheduled Below ☐ Spreadsheet Provided w All Information Below

Loc	Type	Make	Length	Year Built	H.P.	Value	Deductible	Water-sports Towing Y/N	Slide or Diving Board

Minimum age of Renter:_____ years old Valid U.S. driver's license required to rent: ☐ Yes ☐ No

Are all renters required to speak and understand English: ☐ Yes ☐ No

If no, do you provide contracts, waivers and training documents in their primary language: ☐ Yes ☐ No

Swimming allowed: ☐ Yes ☐ No

Are vessels ever trailered to another body of water outside your normal navigational area: ☐ Yes ☐ No

If yes, by whom: ☐ Employee ☐ Non-Employee

Are overnight rentals allowed: ☐ Yes ☐ No

If yes, is navigation dawn to dusk only? ☐ Yes ☐ No

If yes, is anchoring or tying to a mooring permissible: ☐ Yes ☐ No

Are drugs and alcohol forbidden aboard rental vessels: ☐ Yes ☐ No

Are customers suspected of drinking or drug use, prior to boat rental turned away: ☐ Yes ☐ No

Work Boats

☐ Scheduled Below ☐ Spreadsheet Provided w All Information Below

Loc	Type	Make	Length	Year Built	H.P.	Value	Deductible	Potential to tow other vessels	If Applicable Fire / CO detectors	Crew Coverage / # of Crew

Commercial Tools & Equipment (any piece of equipment exceeding $2,500 in value, must be scheduled)

Make & Model	Year Built	Serial Number	Requested Limit	Storage Location
Unscheduled Tools	N/A	N/A	$	☐ Secured off hours

Scheduled Equipment Expiring Deductible: ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000

Unscheduled Tools & Equipment Expiring Deductible: ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000

Is there a regular equipment maintenance program in effect at present: ☐ Yes ☐ No

Are maintenance records kept on file: ☐ Yes ☐ No

If applicable, how often are travel lift straps and shackles inspected: _____

Dock Coverage

This must be filled out in detail if dock coverage is being requested and please attach your slip rental agreement.

BELOW IN GRAY IS AN EXAMPLE TO HELP COMPLETE THE DOCK SCHEDULE

Loc #	Dock Description	No. Slips	Slip Length	Yr. Built	MFR.	Fixed or Floating	Encapsulated Flotation	Covered or Open	Decking Material	Insured Value	Co-Insurance	RC or ACV
1	A	81	40’	2014	Bellingham	Floating	Yes	Open	Concrete	$1,800,000	80%	RC

Expiring Deductibles: Wind/Hail $_____ Weight of Ice & Snow $_____ All Other Perils $_____

Piers, Wharves and Docks Coverage (Complete only if dock physical damage is requested)

Business Interruption Limit Requested: $_____

Select One:

☐ Monthly Limit of Indemnity; ☐ 1/3 ☐ 1/4 ☐ 1/6

☐ Coinsurance; ☐ 50% ☐ 80% ☐ 100% ☐ AA

Extended Period of Indemnity: ☐ N/A ☐ 60 days ☐ 90 days ☐ 120 days

Equipment Breakdown: ☐ Yes ☐ No Sublimit: ☐ $100,000 ☐ $250,000

Limit for Debris Removal: $_____

Ordinance or Law (Increased Cost of Construction(ICC)/Demolition/Undamaged Part of Structure)

Limit Requested ICC & Demolition: $ _____

Limit Requested for Undamaged Part of a Structure: $ _____

How many Gangways: _____ Length of Gangways: _____ ea.

Wind Speed Rating: ☐ <77mph ☐ 78mph to 109mph ☐ >109mph ☐ unknown

Are you requesting coverage for the weight of ice and snow: ☐ Yes ☐ No

Do you have a written snow removal plan on file: ☐ Yes* ☐ No *please provide a copy

Snow Load Rating: ☐ <16.9lbs ☐16.9lbs to 19lbs ☐ >19lbs ☐ unknown

Anchoring System:

☐ Pilings ☐ Cable/Winch system

If Pilings, height above the 50 year high water mark: _____ feet

If applicable, type of anchoring: ☐ Cross cabled ☐ Stainless ☐ Galvanized (Check all that apply)

Do you have an annual maintenance schedule for the docks on file: ☐ Yes ☐ No

Is there any existing damage to piers, wharfs, docks: ☐ Yes ☐ No

If yes, describe _____

_____

Approximate distance to nearest Dam, if applicable: _____ Miles

When was the last electrical inspection by a licensed electrical contractor completed: _____

Do you have GFI/GFCI on the docks? ☐ Yes ☐ No

Do you test annually for electrical stray currents? ☐ Yes ☐ No

Are you meeting all compliance standards relating to the number of fire extinguishers on the docks: ☐ Yes ☐ No

Is there a fire boat located at the marina: ☐ Yes ☐ No

Are you meeting all compliance standards relating to the appropriate number of life rings on the docks: ☐ Yes ☐ No

Do you allow liveaboards: ☐ Yes ☐ No *if yes, how many: _____

Does applicant allow swimming within 50' of any docks: ☐ Yes ☐ No* *If no, are signs posted: ☐ Yes ☐ No

Is grilling allowed on the docks: ☐ Yes ☐ No

Solar panels on dock: ☐ Yes* ☐ No *If yes, are you selling back electricity: ☐ Yes ☐ No

Swimming

If swimming area, a separate swimming area application furnished by your underwriter must be completed.

Restaurant Questionnaire

1. Is a UL 300 Fire Supression System in place? ☐ Yes ☐ No
2. Is a contract in effect for the UL 300 Fire Supression System? ☐ Yes ☐ No
   Who is the service company for the system? _____
3. Is a hood cleaning contract in effect? ☐ Yes ☐ No
   Who is the service company? _____
4. Is the restaurant protected by an automatic sprinkler system? ☐ Yes ☐ No
5. Does management have a minimum of 3 years of experience? ☐ Yes ☐ No
6. Number of years of operation at the current location?
7. Daily hours of operation? _____
8. Attach minimum of 3 years loss runs (5 preferred)
9. Have there been any liquor violations during the last 5 years? ☐ Yes ☐ No
10. Is the restaurant currently involved in receivership, bankruptcy, or foreclosure? ☐ Yes ☐ No
11. Does the restaurant provide entertainment such as bands, dancing or any other special entertainment? ☐ Yes ☐ No
    Please describe _____
12. Has there been any major health inspection violations within the 5 years? ☐ Yes ☐ No
13. Is the restaurant equipped with:

	No	Yes	Central Station
Smoke Detector	☐	☐	☐
Heat Detection	☐	☐	☐
Burglar	☐	☐	☐

Liquor Liability

1. Type Restaurant: Family ☐ Pizza/Deli ☐ Sports Bar ☐ Fine Dining ☐ Country Club
   ☐ Fraternal Organization ☐ Other (_____)
   Banquet/Reception/Private Party Facilities? ☐ Yes ☐ No Number of Events annually?_____
2. Hours of Operation:
   Restaurant _____ to_____ Days of the week _____
   Bar _____ to_____ Days of the week _____
3. Annual Sales: From $ _____ to $_____
   On Premises: Food _____ Alcohol_____ Other (_____) Total $:0_____
   Catering: Food _____ Alcohol_____ Other (_____) Total $:0_____
   Alcohol Sales Percentage: Beer _____% Wine_____% Liquor _____% (should equal 100%)
4. Is the owner active in the business as the manager ☐ Yes ☐ No
   How long at this location? _____ years
5. Describe the owners/manager's hours and responsibilities: Hours from :_____ to :_____
   Responsibilities: _____

6. Seating capacity (# of people): Dining room _____ Patio _____ Bar _____
   Dance Floor? ☐ Yes ☐ No Capacity: (# of people) _____
7. Is the bar in a separate room with its own entrance? ☐ Yes ☐ No
8. Approx. age of customers: 25 yrs & under _____ % 26-40 Yrs _____ % Over 40 years _____ %
9. Are persons under the legal drinking age allowed in the bar area? ☐ Yes ☐ No
10. Bar Customers: Awaiting Restaurant Service _____% Eating in Bar _____% Bar Only _____%
11. Number of Bartenders _____ Wait Staff _____ Bouncers _____ Security _____
12. Minimum age of employees _____
13. Is there live entertainment or DJ on the premises? ☐ Yes ☐ No If yes, number of times per week_____
    Describe, including type of music _____
14. Are there "game nights" on the premises (Trivia, Pool, Poker, Darts, ect)? ☐ Yes ☐ No
    If so, which games and how frequently _____
15. Does the applicant advertise or promote "Happy Hour" or other events when drinks are sold at a lower price? ☐ Yes ☐ No
    If yes, describe _____
16. Drinks Served: Two at once ☐ By the pitcher ☐ Over 24oz ☐ Setups or Bring your own bottle ☐
17. Can Servers re-cork wine bottles for the customers to take home? ☐ Yes ☐ No
18. Are all bartenders and all other alcohol servers certified in a formal alcohol training course? ☐ Yes ☐ No
19. Are alcohol servers allowed to cutoff service to a customer? ☐ Yes ☐ No
20. What actions are taken to prevent intoxicated persons from driving?_____
    Any "ride home" procedures in place? ☐ Yes ☐ No
    a.If yes, provide details:
21. Are procedures in place for unruly or violent customers? ☐ Yes ☐ No
    a.If yes, provide details:
22. Describe ID checking procedures:_____

Additional Comments: _____

Section II - Manufacturing Risk Information

1. Does the applicant conduct tours of the facility? ☐ Yes ☐ No
   a. # of tours per year_____
   b. Participants each tour_____
2. Are free samples provided? ☐ Yes ☐ No
   a. For consumption on premises? ☐ Yes ☐ No
   b. For consumption off premises? ☐ Yes ☐ No
3. How is the quantity of free samples controlled? _____
4. Are tour member's ID checked prior to provided free samples? ☐ Yes ☐ No

Section III –Distribution Risk Information

1. Does applicant sponsor events? ☐ Yes ☐ No
   a. # of events per year_____
2. Describe events_____

3. Does applicant provide “beer wagons ☐ Yes ☐ No
   a. How many beer wagons does the applicant own?_____
4. Describe controls in place for giving away beverages by Sponsor including who is responsible for checking ID?_____
5. Is a written contract used between the applicant and the event? ☐ Yes ☐ No
6. Is the event required to name the applicant as an additional insured on their policy? ☐ Yes ☐ No
7. Is there an entertainment policy for sales personal in regards to entertaining customers? ☐ Yes ☐ No
   If so, please describe: _____

Section IV–Retailer Risk Information

1. Are employees trained to check ID to prevent sales to minors? ☐ Yes ☐ No
2. Are employees trained to recognize intoxicated person? ☐ Yes ☐ No
3. Is a manager on duty during all hours of operation? ☐ Yes ☐ No
4. Type of alcohol sold: Beer _____% Wine_____% Liquor _____% (should equal 100%)
5. Hours of operation: _____ to_____ Days of the week _____

Section V–License Information

1. Name(s) on license:_____
2. How long has the applicant had a license for this location? _____ years
3. Has the current license or any other license held by the applicant been suspended or revoked? ☐ Yes ☐ No
   a. If yes, provide details:_____
4. Has the fine been paid, a citation issued or any protest/complaints/accusations been made against the applicant for illegal serving of alcohol? ☐ Yes ☐ No
   a. If yes, provide details:_____
5. Does the license cover off premises sales of alcohol beverages? ☐ Yes ☐ No
6. Is the applicant in compliance with all state requirements for serving alcohol beverages? ☐ Yes ☐ No

Section VI–Loss History & Prior Carrier Information

1. Has the applicant had any alcohol liability claims at this location or other locations during the past five years? ☐ Yes ☐ No
   a. If yes, provide details:_____
2. Does the applicant have any knowledge of potential alcohol liability claims? ☐ Yes ☐ No
   a. If yes, provide details: _____
3. Name of prior carrier for this location: _____
4. Has any alcohol liability policy ever been cancelled or non renewed? ☐ Yes ☐ No
   a. If yes, provide details:_____
5. Attach five year hard copy loss runs

Required Attachments

- ACORD Applications (125, General Liability, Property, Excess, WC, Auto)
- Please attach 3 year, currently valued loss history (5 preferred) for all requested lines of coverage
- Agreements
  - Boat Rental Agreement (including waivers, training material, check in/out procedures)
  - Boat Storage Agreement
  - Slip/Moorage Agreement
  - Any other applicable agreements

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IS AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES

Applicant Signature: _____ Date: _____

Please attach comments or additional information