



AMERICAN
MARINE INSURANCE

MARINE TRADESMAN INSURANCE APPLICATION

PREMISES / SLIP & MOORING – ADDENDUM

If Premises and Dock, complete all. If Dock only, complete sections that apply. Please complete an additional sheet for more than one location.

Provide clear digital pictures of walkways, buildings and docks. ×

Applicant Name:	
Premises & Dock Address:	
Pier/Slip Description:	
Premises, Docks or Buildings Owned or Leased:	
List and describe all activities occurring on Premises and/or Docks:	
List and describe any other business that is on Premises and/or Docks:	
Who is responsible for maintenance of Premises and/or Docks?	
Are Premises and/or Docks generally used by public or customers only?	
Describe security and or safety measures of Premises and/or Docks:	
Do you maintain any Business Owners or Commercial General Liability insurance coverage on premises and/or Docks?	
Is Alcohol served or permitted on premises and/or docks?	
List and describe any occurrence where a guest sustained injuries or had property damaged on Premises and/or Dock:	
Additional Remarks:	

SEND TO service@americanmarineinsurance.com / 800.283.5646