



Ocean Marine Division
65 Broadway
New York City, NY 10006

Boat Dealer/Marina Operator
This is not a Binder

- Great American Insurance Company of New York
- Great American Insurance Company
- _____

Application Information

Yes No

Name of Applicant _____

Address - Number and street _____

City _____ State _____

Zip _____

Producer Name and Address:

Location of yard (buildings):

A. _____

B. _____

C. _____

Producer: _____

Present insurance carrier: _____

Reason being replaced: _____

Producer current agent of record?

Current premium: _____

Expiration date of current policy: _____

Requested attachment date: _____

Years in business: _____

Has insurance ever been cancelled?

Experience of principals:

Application Information *Continued*

	Location A:		Location B:		Location C:	
	Yes	No	Yes	No	Yes	No
U/L Certified Central Station Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm with outside siren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete fence and floodlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watchman service with clock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner lives on premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bubble system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miles from fire station	miles		miles		miles	
Public fire hydrants – number and distance						

Describe any private fire protection:

Section I – Boat Dealer

Property damage limit:

Location A. _____

Location B. _____

Location C. _____

Liability Limit: _____

Mortgagee name and address:

Section I – Boat Dealer *Continued*

Property Sold	Manufacturers
Power boats	
Sail boats	
Accessories	
Motors	
Trailers	

Location	Inventory Location	Last Inventory Date	Average-Monthly Inventory	Maximum Monthly Inventory	Check One:	
					On Land	Over Water
Location A.	Inside				<input type="checkbox"/>	<input type="checkbox"/>
	Outside					
	In Water					
Location B.	Inside				<input type="checkbox"/>	<input type="checkbox"/>
	Outside					
	In Water					
Location C.	Inside				<input type="checkbox"/>	<input type="checkbox"/>
	Outside					
	In Water					

Boats delivered (land or water):

Total Annual Values: _____ Number of boats: _____
 Highest value boat: _____ Maximum miles over land: _____
 Maximum miles over water: _____

Demonstrations (jet skis and waverunners are not covered):

Number per month: _____ Maximum MPH on boats: _____
 Where are demonstrations performed? _____ Miles from shore: _____
 All U.S. Coast Guard safety equipment on board: _____
 Employees trained in use prior to demonstration: _____

Explain:

Boat shows:

Number of shows annually: _____ Maximum number of boats each show: _____
 Maximum limit required per show: _____

Transported by:

- Common carrier Owned vehicles Both
- All land All water Land and water

Maximum distance to shows: _____ miles

Section II – Marina Operator

Yes No

Requested limit: _____ Deductible: _____

Activity	Annual Gross Receipts
Repairs/alterations	
Dry storage	
Mooring/docking rentals	
Fueling	
Hauling and launching	
Other service receipts (type)	
Total	

Repair Operations

Type of Vessels Repaired: _____ Type of Work: _____

Highest value any one boat repaired: _____ Average value of boat repaired: _____

Are boat owners allowed to work on their own boats? Yes No

Describe any non-private pleasure boat repairs and amount of receipts:

Dry storage

	Location A.	Location B.	Location C.
Maximum value stored inside			
Maximum value stored outside			
Average monthly value			
Number of boats stored			

Are boats stored in racks? Yes No

Number of boats stored afloat between 12/1 and 4/1: _____

Winterizing or make ready maintenance part of the storage agreement? (Please submit copy of storage agreement with this application) Yes No

Describe type of building construction for land storage:

Section II – Marina Operator *Continued*

Yes No

Mooring/Docking Rentals

	Location A.	Location B.	Location C.
Maximum number of slips/ moorings to rent			
Actual number rented			
Maximum value any one boat			
Total value of all boats			

Do any of the slips have roofs? Yes No
 How many? _____

Are any of the slips owned by boat owners? Yes No
 How many? _____

Hauling and Launching

Number of boats handled last year: _____

Type of equipment:

Ramps Cranes _____

Rated capacity of lifting equipment: _____

Frequency of maintenance of equipment: _____

Fueling

Type of fuel sold:

Gas Diesel Both

Are propane tanks refilled on premises? Yes No

Who performs fueling on boats?

Employer Boat Owner Both

Smoking signs posted and enforced? Yes No

Other servicing (please describe):

Section III – Owned Watercraft

Yes No

Applies only to work boats used in conjunction with marina and boat dealer operations. Private pleasure use is not covered.

Schedule of boats	Value	Deductible
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Liability limit requested: _____ Deductible: _____

Crew coverage required? Yes No

If yes, how many? _____

Navigation not to exceed _____ miles from premises.

Section IV – Loss History

List all claims or losses (whether or not insured) sustained during the last five years on all operations:

Type of loss	Date	Location of Accident	Details	Gross Amount Before Any Deductible	Claim	
					Open	Closed
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Section IV – Loss History *Continued*

Producer comments:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Applicant Signature _____

Producer Signature _____

Company Title _____

Company Title _____

Date _____

Date _____

Additional Comments

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)

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