

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

**Application  
For  
Marinas**

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant's Web Site Address \_\_\_\_\_

2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_

3. Address of location to be insured (If same as above, write "Same")  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Date Established: \_\_\_\_\_

5. List full names of individuals or partners and their interests \_\_\_\_\_

6. Please provide prior insurance information. If none, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Or Claims Made	Type of Coverage

7. During the past 3 years, have any claims been presented to your current or prior insurance carrier? Give full details, include description of claim, amount paid and reserves. (Add page if needed) \_\_\_\_\_  Yes  No

8. Is applicant, or any other persons for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed) \_\_\_\_\_  Yes  No

9. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past 3 years? If yes, provide full details below. (Add page if needed). \_\_\_\_\_  Yes  No

10. Please indicate percentage of income derived from the following services:

Storage	_____ %	Berthing	_____ %
Launching	_____ %	Inboard engine repair	_____ %
Restaurant/Snack bar	_____ %	Outboard engine repair	_____ %
New boat sales	_____ %	Boat rental (Attach list of boats)	_____ %
Hauling	_____ %	Fueling (Provide details of any underground storage tanks)	_____ %
Hull Repair	_____ %	# of slips	_____
Boating Instruction	_____ %	Lifting capacity of cranes	_____
Parts/Accessories Sales	_____ %	Highest value of boat worked on	\$ _____
Used boat sales	_____ %		

(Continue on last page if more space is needed)

11. Are signs posted advising the public that work areas are off limits?  Yes  No
12. Does the applicant provide tools for customers?  Yes  No  
 If yes, are tools maintained and inspected on a regular basis?  Yes  No

13. Do walkways have:
- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| Non-slip surfaces?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adequate Lighting?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Guardrails & Handrails? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

14. Is the applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, please provide full details.  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Please show number of: \_\_\_\_\_ Full Time staff \_\_\_\_\_ Partners, owners, officers  
 \_\_\_\_\_ Part Time staff \_\_\_\_\_ Other (Please explain below)

16. Annual Receipts \$ \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_

17. Name and phone number of person to contact for inspection/audit.  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

18. Please provide details of work performed by independent contractors \_\_\_\_\_  
 \_\_\_\_\_

Does the applicant require certificates of insurance from independent contractors showing general liability and Worker's Compensation coverage in force?  Yes  No

19. Do you assume anyone else's liability in your contracts? If yes, attach copy of contract.  Yes  No

20.

Additional Insureds*	Describe Interests of Additional Insureds*

\* Add page if needed.

21. LIMITS OF INSURANCE REQUESTED:
- |  |                             |
|--|-----------------------------|
| General Aggregate Limit (Other than Products – Completed Operations) | \$ _____                    |
| Products – Completed Operations Aggregate Limit                      | \$ _____                    |
| Personal and Advertising Injury Limit                                | \$ _____                    |
| Each Occurrence Limit  | \$ _____                    |
| Fire Damage Limit (up to \$50,000 limit available)                   | \$ _____ any one (1) fire   |
| Medical Expense Limit (up to \$5,000 limit available)                | \$ _____ any one (1) person |
| Each Professional Incident Limit (if applicable)                     | \$ _____                    |

22. Effective Dates Desired: From \_\_\_\_\_ To \_\_\_\_\_  
 Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ Producing Agent: \_\_\_\_\_