



MARINA OPERATOR'S LEGAL LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:** _____

2. **Mailing Address:** _____

Website Address: _____

3. Number of years in operation under present ownership: _____

4. Name of operating manager: _____

5. Number of full-time employees: _____

6. Number of part-time employees: _____

7. **BUILDING DESCRIPTIONS**

Note: This form of policy covers legal liability for damage to vessels occurring while in your care, custody and control for mooring, hauling and launching, repairs, fuelling and storage. Please list all locations at which such operations are performed and check which operations are carried out.

Location	Operations
A)	
B)	
C)	

8. **ANNUAL REVENUES**

Operation	Annual Revenue		
Moorings and Slips	\$	# of moorings:	# of slips:
Storage	\$	# of boats stored:	Average value \$
Hauling & Launching	\$		
Repairs & Maintenance	\$		
Fueling	\$		
TOTAL	\$		

9. FIRE PROTECTION AND SECURITY MEASURES

	Premises A	Premises B	Premises C
Certified central station alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watchman service when premises not open 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
Area completely fenced & lighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other measures? Please describe.			
Are storage contracts always signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate distance from Local Fire Department: _____

10. STORAGE OF BOATS

		Premises A	Premises B	Premises C
What was the maximum number of boats stored at any one time?	Ashore in building			
	Ashore in the open			
What was the maximum value of boats at any location?	Afloat	\$	\$	\$
	Ashore	\$	\$	\$

11. LIMITS REQUIRED

- a) Limit for boats afloat or ashore: \$ _____
- b) Protection and Indemnity Limit: \$ _____

12. OWNED BOATS

	Description	Motor(s)	Insured Value
A)			\$
B)			\$
C)			\$

13. OTHER ACTIVITIES

- a) Do you operate a sailing school? Yes No
- b) Do you rent boats? Yes No

- c) Do employees operate members' boats? Yes No
- d) Do you sell boats? Yes No

14. LOSS EXPERIENCE (During previous 5 years for all coverages being requested)

Year	Premiums Paid	Loss Description	Losses Paid	Outstanding or Estimated

15. INSURANCE DETAILS

a) Insurer: _____

b) Policy Number: _____

c) Number of years with current Insurer: _____

d) Have you ever had insurance cancelled? Yes No
 If Yes, please provide details:

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**