



YACHT CLUB PACKAGE APPLICATION

Club Name: _____

Mailing Address: _____ Website: _____

City: _____ State: _____ ZIP: _____

Policy Period: From: _____ To: _____

Producer's Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Club contact for Inspection: _____

Phone: _____ Email: _____

SCHEDULED LOCATIONS

- | |
|----|
| 1. |
| 2. |
| 3. |

COVERAGES REQUESTED

- | |
|---|
| <input type="checkbox"/> Section I - Yacht Club General Liability |
| <input type="checkbox"/> Liquor Liability |
| <input type="checkbox"/> Hired/Non-Owned Auto Liability |
| <input type="checkbox"/> Employee Benefit Liability |
| <input type="checkbox"/> Employee Dishonesty |
| <input type="checkbox"/> Section II - Protection & Indemnity |
| <input type="checkbox"/> Section III - Marina Operators' Liability |
| <input type="checkbox"/> Section IV - Limited Pollution Liability |
| <input type="checkbox"/> Section V - Piers, Wharves & Docks |
| <input type="checkbox"/> Section VI - Marine Property |
| <input type="checkbox"/> Section VII - Equipment |
| <input type="checkbox"/> Section VIII - Watercraft Physical Damage |

RATING INFORMATION

Number of Active (dues paying) Memberships*: (required) _____

Number of Slips or Mooring*: (required) _____

Activity	Receipts	Activity	Receipts
Dry Storage***	\$	Restaurant-food*	\$
Repairs	\$	Alcohol	\$
Fueling	\$	Other sales Receipts**	\$

* Include any minimum charge/fees assessed for restaurant use.

** Identify source. Do not include Membership dues and assessments.

*** Excluding winter storage fees for boats at slips/moorings during season.

Source of Other Sales Receipts	Amount of Sales/Receipts
1.	\$
2.	\$
3.	\$

GENERAL INFORMATION

1. List and describe any business owned, operated, or managed by the insured, including any lessor's risk: _____

2. List operations sold, acquired or discontinued in the last five (5) years: _____

3. List all club affiliations, i.e., US Sailing Association, etc. _____

4. Number of years in operation: _____

5. Please provide name of current carriers, expiring premiums, and expiration dates: _____

6. Has any policy or coverage been declined, cancelled or non-renewed during the prior three years? Yes No

If yes, please explain: _____

PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES FOR ALL COVERAGE REQUESTED. ANSWER ALL QUESTIONS - YES, NO, OR N/A WHERE APPROPRIATE.

SECTION I - YACHT CLUB GENERAL LIABILITY

Limits Requested (choose one)	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>
• General Aggregate	\$1,000,000	\$1,000,000	\$2,000,000
• Products-Completed Ops Aggregate	\$300,000	\$500,000	\$1,000,000
• Personal and Advertising Injury	\$300,000	\$500,000	\$1,000,000
• Each Occurrence	\$300,000	\$500,000	\$1,000,000
• Damage to Premises Rented to You	\$100,000	\$100,000	\$100,000
• Medical Expense (any one person)	\$5,000	\$5,000	\$5,000

PREMISES INFORMATION

1. Are club facilities rented to others for weddings, receptions, meetings, etc.? Yes No

If yes, describe: _____

2. Does the club rent space (land or buildings) to others? Yes No

If yes, explain: _____

3. Describe all activities other than those related directly to boating/yachting (i.e. tennis court, golf course, etc.):

4. Any medical facilities provided or doctor employed/contracted? Yes No

5. Any parking facilities owned/operated? Yes No

Any off premises parking? Yes No

Any Valet parking? Yes No

Is charge made? Yes No

Receipts: \$ _____

6. Does harbormaster or other person(s) live on premises? Yes No

7. Are there any guest rooms or cottages? Yes No

8. Any demolition exposure contemplated? Yes No

If yes, explain: _____

9. Any structural alterations contemplated? Yes No

If yes, explain: _____

PRODUCTS EXPOSURES

1. Describe any products liability exposure other than restaurant or club store: _____

2. Products of others sold or repackaged under applicant's label? Yes No

If yes, explain: _____

3. Products recalled, discontinued, or changed? Yes No

If yes, explain: _____

4. Any products manufactured? Yes No

If yes, list and describe products: _____

RECREATIONAL EXPOSURES

1. Is there a swimming pool or bathing beach on premises? Yes No

If yes:

- Is there a fence surrounding the pool? Yes No
- Does it have a self-latching & closing gate? Yes No
- Is the gate locked when the pool is not open? Yes No
- Are depth markings on the side and walking surface of the pool? Yes No
- Is there a diving board? Yes No Height of board? _____
- What is the depth of pool? _____
- Is there a pool slide? Yes No
- Are rules posted for the usage of the pool? Yes No
- Is a certified lifeguard provided? Yes No On duty at all times when pool is open? Yes No
- Is lifesaving equipment available in the pool area? Yes No
- Are all electrical outlets protected by ground fault interrupters? Yes No
- Any public use of pool permitted? Yes No
- If yes, explain: _____

2. Sailing school or boating courses provided? Yes No

If yes:

- Enter receipts on page 2 under "Other Receipts"
- Provide a description of the schools or courses offered. You may attach club brochures that provide this information or enter your description in the "Remarks" section at the end of the application. Your description must include:
 - » the number of times each is offered per year
 - » number of students per course
 - » number of instructors
 - » how long the club has been operating the school or course
- List qualification requirements for instructors
- Are parental consent forms obtained for all children enrolling in the school or course? Yes No
- Are all participants required to wear life jackets at all times while on the water?
- Is there a motorized boat in the water at all times when participants are on the water?
- Does the club use only boats owned by the club for the schools or courses?
- If no, provide a list of boats used:

3. Any other recreational facilities or equipment (other than watercraft) provided (golf, tennis, bicycle rental, etc.) Yes No

If yes, describe: _____

4. List regattas and other boating events sponsored or hosted by the club. Enter receipts on page 2 under "Other Receipts". _____

5. List any social events sponsored or hosted by the club: _____

RESTAURANT/SNACK BAR EXPOSURES

1. Restaurant/snack bar receipts (excluding alcohol): \$
2. Is alcohol served? Yes No Receipts: \$
3. Is alcohol service limited to beer and wine? Yes No
4. Is table service provided? Yes No
5. What is the seating capacity? Yes No
6. On or off premises catering/banquet exposure? Yes No
Percent of total receipts: _____
7. Does restaurant operate year round? Yes No
If no, explain: _____

8. Is entertainment (band/DJ) provided? Yes No
9. Is there a dance floor? Yes No
10. Number of employees in restaurant? Yes No
11. Is restaurant open to public?
12. Restaurant Fire protection:
 - U.L. 300 approved automatic extinguishing system under maintenance contract? Yes No
 - Does above system cover all cooking surfaces? Yes No
 - Automatic gas or electric shut-offs for cooking? Yes No
 - Hoods and ducts over all cooking surfaces? Yes No
 - Hood and filter cleaned weekly by staff? Yes No
 - BC&K extinguishers available in kitchen? Yes No
 - Hoods and ducts under maintenance contract? Yes No

OPTIONAL COVERAGES (Complete only those sections for which coverage is requested)

LIQUOR LIABILITY

Limit of Insurance Requested: \$ _____ Each Occurrence/Aggregate

1. Does the club have a liquor license? Yes No
If yes, give type: _____
2. Does club sell package goods? Yes No
3. Are employees given liquor training? Yes No
If yes, describe type of training: _____
4. Does club have a written policy for employees on serving alcohol to customers? Yes No
5. Is management notified prior to shutting off customers? Yes No
Is documentation kept on each incident? Yes No
6. Is there a happy hour? Yes No
Reduced price drinks? Yes No
7. Is last call given? Yes No
8. Are shots given? Yes No
9. Have there been any Liquor Board violations? Yes No

EMPLOYEE BENEFITS LIABILITY

1. Limits of Insurance requested:

\$ _____ Each Employee; \$ _____ Aggregate

2. Employee Benefit Programs which are automatically covered without being specifically listed: Group Life Insurance, Group Accident or Health Insurance, Profit Sharing Plans, Pension Plans, Stock Subscription Plans, Unemployment Insurance, Social Security Benefits, Workers' Compensation, and Disability Benefits.

List any other types of plans for which coverage is desired: _____

3. Number of people employed by Club: _____

4. Retroactive Date: _____

5. Number of employees covered by Employee Benefit Plans: _____

6. Do the Club maintain a department or unit to (a) administer Employee Benefit Plans, and (b) answer questions and advise employees concerning the Plans? Yes No

7. On programs permitting employees an option to enroll or not to enroll, does the Club require a signed acceptance or rejection form each employee? Yes No

8. If the Club's Employee Pension Plan and/or Profit Sharing Plan is/are funded with a financial institution, provide details regarding its administration.

EMPLOYEE DISHONESTY (\$10,000 limit automatically provided)

1. Optional Limits of Insurance: \$25,000 \$50,000

2. Deductible requested (required): \$250 \$500 \$1,000

3. Total number of employees, including officers & directors: _____

4. Total number of cashiers/bookkeepers/clerks: _____

5. Are references required on newly hired employees? Yes No

6. Is there an audit by: CPA Public Accountant Staff Other

7. Audit frequency: Annual Semi-Annual Quarterly Other

8. Does audit include inventory? Yes No

9. Audit is rendered to: Manager Board of Directors Others

10. Does someone not authorized to deposit or withdraw reconcile bank accounts? Yes No

11. Is countersignature of checks required? Yes No

If no, who signs? _____

12. Will securities be subject to joint control of two or more responsible employees? Yes No

13. Are all officers and employees required to take annual vacations of at least 5 consecutive business days? Yes No

SECTION II - PROTECTION AND INDEMNITY

Limit Requested: \$300,000 \$500,000 \$1,000,000

Indicate which of the following apply to the Club:

Launch/Work/Utility	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?
Non-powered boats*	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?
Powered boats**	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?
Other owned boats	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?

* Sailing prams, canoes, kayaks, etc.

** Auxiliary powered sailboats and other powered boats except launches, work or utility/maintenance boats.

1. For all owned boats, complete the "Schedule of Owned Watercraft" under section VIII.

2. On owned watercraft, is crew to be covered? Yes No Number of crew? _____

3. Describe operations of all rental/club/fleet/class or other owned boat operations: _____

SECTION III - MARINA OPERATORS LIABILITY

Limit Requested: \$300,000 \$500,000 \$1,000,000

Deductible Requested: \$ _____ (\$1,000 minimum)

Docking & Mooring	Locations		
	1	2	3
No. of slips available			
No. of slips under common roof			
Average value of a yacht	\$	\$	\$
Maximum value of a yacht	\$	\$	\$

Dry Storage*	Locations		
	1	2	3
Max. number of yachts stored at any time in past year			
No. stored in summer			
No. stored in winter			
Average value of a yacht	\$	\$	\$
Maximum value of a yacht	\$	\$	\$

1. Are yachts stored afloat between 12/1 and 4/1? Yes No

2. Are yachts stored inside a building? Yes No

How many? _____

Are they on racks? Yes No

Sprinkler system? Yes No

3. Type of building construction: _____

4. Are yachts stored outside on racks? Yes No
 If yes, how many? _____ How high? _____

5. Describe type of heavy lift equipment and indicate lifting capacity: _____

* If you provide any storage a copy of the storage agreement is required for coverage to apply.

REPAIR OPERATIONS

1. Any boat repair operations performed by the club on boats other than their own boats? Yes No
 2. Type of work performed: _____

SECTION IV - LIMITED POLLUTION LIABILITY

Limit Requested: \$100,000 \$250,000

1. Are there any fueling operations conducted at any scheduled locations? Yes No
 If yes, describe: _____
 2. Is any waste oil, fuel, or other pollutants collected, stored, or disposed of by the club? Yes No
 If yes, describe: _____

SECTION V - PIERS, WHARVES & DOCKS

Indicate valuation: 80% ACV 90% Replacement Cost

Deductible requested: _____ (\$1,000 minimum & applies per occurrence)

Piers, Wharves & Docks	Locations		
	1	2	3
No. of floating docks			
No. of fixed piers			
Insured value of floating docks	\$	\$	\$
Insured value of piers	\$	\$	\$

Draw (or attach) a diagram of the docks & piers and indicate:

- Type of construction: _____
- Type of flotation devices: _____
- Type of anchoring devices: _____
- Age of docks & piers: _____
- Open slips and number: _____
- Covered slips and number: _____
- Describe maintenance program: _____

SECTION VI - MARINE PROPERTY INSURANCE

Indicate valuation: 80% ACV 90% Replacement Cost

Deductible Requested: \$ _____ (\$500 min. - applies per location to bldg. & contents)

\$25,000 of Business Income & Extra Expense coverage is automatically provided. If a high limit is desired, indicate a limit below.

Premises Information: ISO Protection Class	
Location No.: _____ Bldg No.: _____ Year Built: _____ Occupancy: _____	
Construction: _____ Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection class: _____ Total Area: _____	
Subject	Limit
Building	\$
Contents	\$
Deductible	\$
Business income & extra expense	\$ Coinsurance 80%

Premises Information: ISO Protection Class	
Location No.: _____ Bldg No.: _____ Year Built: _____ Occupancy: _____	
Construction: _____ Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection class: _____ Total Area: _____	
Subject	Limit
Building	\$
Contents	\$
Deductible	\$
Business income & extra expense	\$ Coinsurance 80%

Premises Information: ISO Protection Class	
Location No.: _____ Bldg No.: _____ Year Built: _____ Occupancy: _____	
Construction: _____ Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection class: _____ Total Area: _____	
Subject	Limit
Building	\$
Contents	\$
Deductible	\$
Business income & extra expense	\$ Coinsurance 80%

Premises Information: ISO Protection Class	
Location No.: _____ Bldg No.: _____ Year Built: _____ Occupancy: _____	
Construction: _____ Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection class: _____ Total Area: _____	
Subject	Limit
Building	\$
Contents	\$
Deductible	\$
Business income & extra expense	\$ Coinsurance 80%

REMARKS:

MORTGAGEES/LOSS PAYEES/ADDITIONAL INTEREST:

Name & Address:
 Interest:
 Coverage section(s) applicable:
 Location number:

Name & Address:
 Interest:
 Coverage section(s) applicable:
 Location number:

Name & Address:
 Interest:
 Coverage section(s) applicable:
 Location number:

Name & Address:
 Interest:
 Coverage section(s) applicable:
 Location number:

LOSSES FOR ALL SECTIONS

List all losses incurred during the past five years for all coverage sections, including optional coverages.

■ There have been no losses for the past five years.

Coverage Section	Description of Loss	Date of Loss	Amount of Loss	Open or closed
			\$	
			\$	
			\$	
			\$	

Does the Club have knowledge or information of any occurrence which might give rise to a claim? Yes No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF 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.

Signature of Applicant _____ Date _____

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