

YACHT CLUB PACKAGE APPLICATION

Club Name: _____

Mailing Address: _____ Web Site: _____

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

Section I - Yacht Club General Liability
Liquor Liability
Hired/Non-Owned Auto Liability
Employee Benefit Liability
Employee Dishonesty
Section II - Protection & Indemnity
Section III - Marina Operators' Liability
Section IV - Limited Pollution Liability
Section V - Piers, Wharves & Docks (complete supplemental app)
Section VI - Marine Property
Section VII - Equipment & Tools
Section VIII - Watercraft Physical Damage

RATING INFORMATION

Number of Active (dues paying) memberships: (required information)
 Number of slips or moorings: (required information)

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

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

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

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

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 last 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	Option 2	Option 3
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.? If yes, describe	Yes	No
2. Does the club rent space (land or buildings) to others? If yes, explain	Yes	No
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 parking premises?	Yes	No
Any Valet parking?	Yes	No
Is charge made?	Yes	No
		Receipts \$
6. Does harbormaster or other persons(s) live on premises?	Yes	No
7. Are there any guest rooms or cottages?	Yes	No
8. Any demolition exposure contemplated? If yes, explain	Yes	No
9. Any structural alterations contemplated? If yes, explain	Yes	No

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? If yes, explain	Yes	No
3. Products recalled, discontinued or changed? If yes, explain	Yes	No

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:		
o the number of times each is offered per year;		
o number of students per course;		
o number of instructors;		
o 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?	Yes	No
• Is there a motorized boat in the water at all times when participants are on the water?	Yes	No
• Does the club use only boats owned by the club for the schools or courses?	Yes	No

3. Any other recreational facilities or equipment (other than watercraft) provided (golf, tennis, bicycle rental etc.)? If yes, describe	Yes	No
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?		
6. On or off premises catering/banquet exposure? Percent of total receipts	Yes	No
7. Does restaurant operate year round? If no, explain	Yes	No
8. Is entertainment (band/DJ) provided?	Yes	No
9. Is there a dance floor?	Yes	No
10. Number of employees in restaurant		
11. Is restaurant open to the public?	Yes	No
12. Restaurant Fire protection:	Yes	No
• U.L. 300 approved automatic extinguishing system under maintenance contract?		
• Does above system cover all cooking surfaces?		
• Automatic gas or electric shut-offs for cooking?		
• Hoods and ducts over all cooking surfaces?		
• Hood and filter cleaned weekly by staff?		
• BC&K extinguishers available in kitchen?		
• Hoods and ducts under maintenance contract?		

OPTIONAL COVERAGES

(complete only those sections for which coverage is requested)

LIQUOR LIABILITY

1. Limits of Insurance requested:		
\$100,000	\$300,000	\$500,000
\$1,000,000	Each Occurrence/ Aggregate	
2. Does the club have a liquor license?		
Yes	No	
If yes, give type.		
3. Does club sell package goods?		
Yes	No	
4. Are employees given liquor training?		
Yes	No	
If yes, describe type of training.		
5. Does club have a written policy for employees on serving alcohol to customers?		
Yes	No	
6. Is management notified prior to shutting off customers?		
Yes	No	
Is documentation kept on each incident?		
Yes	No	
7. Is there a happy hour?		
Yes	No	
Reduced price drinks?		
Yes	No	
8. Is last call given?		
Yes	No	
If yes, at what time?		
9. Are shots given?		
Yes	No	
10. Have there been any Liquor Board violations?		
Yes	No	

HIRED/NON-OWNED AUTO LIABILITY

1. Limits of Insurance requested:		
\$300,000	\$500,000	\$1,000,000
		Each Occurrence
2. Does Club own any autos?		
Yes	No	
3. Does Club allow use of personal cars for business use?		
Yes	No	
4. How frequently?		
5. Are the same drivers/officers usually used?		
Yes	No	
6. Are MVR's checked annually?		
Yes	No	
7. Does the club require proof of personal insurance?		
Yes	No	
8. What limits are required?		
9. Number of employees who use their personal cars		
10. Number of underage drivers (<25 yrs)		

EMPLOYEE BENEFITS LIABILITY

1. Limits of Insurance requested:		
\$50,000 each employee	\$100,000 aggregate	
\$100,000 each employee	\$300,000 aggregate	
\$300,000 each employee	\$500,000 aggregate	
\$500,000 each employee	\$1,000,000 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' Compensations 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. Does 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 from 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
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
7. Audit frequency	Annual	Semi-Annual
8. Does audit include inventory?	Yes	No
9. Audit is rendered to	Manager	Board of Directors
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
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Indicate which of the following apply to the Club:			
Launch/Work/Utility	Yes	No	How many?
Non-powered boats *	Yes	No	How many?
Powered boats **	Yes	No	How many?
Other owned boats	Yes	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

1. Limit requested:	\$300,000	\$500,000	\$1,000,000
2. Deductible requested: \$	(\$1,000 minimum)		

Docking and Mooring	Locations		
	1	2	3
No. of slips available			
No. of slips under common roof			
No. of moorings available			
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			
Number stored in summer			
Number stored in winter			
Average value of a yacht	\$	\$	\$
Maximum value of a yacht	\$	\$	\$

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

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.					

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

SECTION V - PIERS, WHARVES & DOCKS

(complete supplemental app)

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 higher limit is desired, indicate a limit below.

Premises Information: ISO protection class						
Location No.	Bldg No.	Year Built	Occupancy			
Construction			Sprinklers	Yes	No	Total Area
Subject			Limit			
Building			\$			
Contents			\$			
Business Income & Extra Expense			\$		Coinsurance	%

Premises Information: ISO protection class						
Location No.	Bldg No.	Year Built	Occupancy			
Construction			Sprinklers	Yes	No	Total Area
Subject			Limit			
Building			\$			
Contents			\$			
Business Income & Extra Expense			\$		Coinsurance	%

Premises Information: ISO protection class						
Location No.	Bldg No.	Year Built	Occupancy			
Construction			Sprinklers	Yes	No	Total Area
Subject			Limit			
Building			\$			
Contents			\$			
Business Income & Extra Expense			\$		Coinsurance	%

Do you generate/produce power for yourself or to sell back to the grid?	Yes	No
If yes, list the type (wind, solar, fuel cell, engine/generator) and size (nameplate rating in kilowatts) of the power generating equipment, or system in the case of photovoltaics.		

SECTION VII - EQUIPMENT/TOOLS

Indicate valuation:	80% ACV	90% Replacement Cost
Deductible requested: \$	(\$500 min. applies per occurrence to total schedule)	

Complete the following or submit a schedule:		
Item description	Value	Serial Number
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	

SECTION VIII - OWNED WATERCRAFT

Deductible requested: \$

(\$500 min. applies per occurrence to total schedule)

SCHEDULE OF OWNED WATERCRAFT

All owned watercraft must be scheduled below for coverage under Section II - Protection and Indemnity to apply. If physical damage coverage is being requested under Section VIII - Owned Watercraft, show an agreed value in the last column of the schedule. Only those boats with an agreed value shown will be covered for physical damage.

Year	Length	Make/Model/Builder	HP	Use of Vessel	Agreed Value
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

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 AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signature of Applicant _____

Date _____