



## 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

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

Section VI - Marine Property

Section VII - Equipment

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:**

1. Type of construction: \_\_\_\_\_
2. Type of flotation devices: \_\_\_\_\_
3. Type of anchoring devices: \_\_\_\_\_
4. Age of docks & piers: \_\_\_\_\_
5. Open slips and number: \_\_\_\_\_
6. Covered slips and number: \_\_\_\_\_
7. 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	\$ <span style="float: right;">Coinsurance 80%</span>

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	\$ <span style="float: right;">Coinsurance 80%</span>

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	\$ <span style="float: right;">Coinsurance 80%</span>

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	\$ <span style="float: right;">Coinsurance 80%</span>



**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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