

Al-Buhaira National Insurance Co.

MARINA OPERATOR'S LEGAL LIABILITY APPLICATION FORM

This form of policy covers liability to private pleasure type boats and equipment thereon, in your care custody and control during storage, mooring, hauling, launching, repairs, maintenance and while serving with fuel, provisions etc.

Applicant's Full Name: _____

Business Address: _____

Number of years in operations under present ownership: _____

Name of Operating Manager: _____

Experience in marina and/or Boat yard Operations: _____

Number of full time employees: _____ Number of part time employees: _____

Number of Members: _____ Membership Dues: _____

Complete Address of the Premises at which such operations are performed if different than Business Address:
Please use this form for each Premises if the operations are performed at more than one location.

Does insured live on premises?

☐ Yes ☐ No

BUILDING DESCRIPTIONS

What is the age, construction and use of any permanent buildings, and are they protected with a sprinkler system?

Age	Construction	Use of building	Sprinklered
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

FIRE PROTECTION AND SECURITY MEASURES

Certified central station alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Watchman service when premises not open for business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area completely fenced and lighted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alarm system with outside siren?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flammable Liquids / Solvents stored on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoke / Heat Detectors on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WALKWAYS / DOCKS

Describe construction of walkways and docks including age and total length: _____

What Is the condition of walkways and docks?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Are they protected by a breakwater?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are they in a natural Bay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are they subject to flooding, ice or wind damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

STORAGE OPERATIONS:

Boats in storage are those which are laid-up and out of commission during the lay up season, not being used by anyone, either afloat (on a mooring on in a slip) or ashore.

What is the period of customary lay-up in your area? _____

Is a Storage Release form used? _____

☐

Yes

☐

No

Please Attach a copy

How many boats can be docked in summer? _____

	INTERIOR STORAGE	EXTERIOR STORAGE	LAID UP AFLOAT
Maximum number of boats stored at any one time:			
Average value of boat stored:			
Average size of boat stored:			
maximum value of boat stored:			
Maximum size of boat stored:			
Estimated Total Value of boats stored:			

What are stored other than boats, motors, and boat trailers? _____

Method of Storing:

Blocking

☐

Yes

☐

No

Cradles

☐

Yes

☐

No

Other

☐

Yes

☐

No

Do you store property other than boats belonging to members? _____

if yes Property stored inside building _____

☐

Yes

☐

No

☐

Yes

☐

No

Stored in fenced Compound in Open _____

☐

Yes

☐

No

What were your Gross Receipts from storage operations during past 12 months? _____

How many mooring slips and/or mooring buoys are available for rental? _____

Covered Slips _____

Open Slips _____

Mooring at Buoys _____

What is the estimated Average value of an individual boat moored at such rental slips or buoys? _____

What were your Gross receipts from mooring and slip rental operations during past 12 months? _____

What is your Anticipated Gross receipts from mooring and slip rental operations for next year? _____

What percentage of members rent slip and or buoys on a yearly basis? _____

HAULING AND LAUNCHING

Do you carry out Hauling and launching? _____

☐

Yes

☐

No

Is Hauling and launching subcontracted out? _____

☐

Yes

☐

No

If yes, is a certificate of insurance obtained? _____

☐

Yes

☐

No

Maximum size of boat hauled launched _____

Number of boats per season _____

Gross receipts if any from such operations (not in conjunction with storage or repairs)

Past 12 months _____

Anticipated for next year _____

Describe hauling and launching facilities _____

Is the marine railway/ travel lift / crane etc certified? _____

☐

Yes

☐

No

☐

Not applicable

REPAIRS

Do you service boats?

☐ Yes ☐ No

If yes provide details _____

Do you service motors?

☐ Yes ☐ No

If yes provide details _____

Is there any woodworking or fibreglassing done in Marina?

☐ Yes ☐ No

Is any work done away from premises

☐ Yes ☐ No

if yes provide details _____

What is the estimated highest value of any one boat repaired during past 12 months? _____

What is the estimated maximum value of boats under repair at any one time during past 12 months? _____

Does yard permit owners to work on their own boats?

☐ Yes ☐ No

if yes please describe your restrictions imposed with regard to such work, and any yard furnished tools and equipment for owner's use. _____

What were your Gross Receipts from repair operations during the last 12 months? _____

What is your Anticipated Gross receipts from repair operations for next year? _____

FUELING & POLLUTION EXPOSURE

Do you sell fuel?

Gas

☐ Yes ☐ No

Diesel

☐ Yes ☐ No

Oil

☐ Yes ☐ No

Number of tanks on the premises _____

Capacity of tanks (litres) _____

Age of tanks (date of installation) _____

Date when tanks tested _____

Construction of tanks

☐ Steel

☐ Fibreglass

☐ Other

Distance from nearest building _____

Distance from water _____

Are tanks?

☐ Below ground

☐ Above ground

How often are tanks dipped or checked for levels? _____

Are tanks monitored for leaks?

☐ Yes ☐ No

If yes, please describe _____

Do you have a pump maintenance contract?

☐ Yes ☐ No

if yes, with whom _____

Are waste tanks emptied by you or the others? Please describe _____

What was your Gross receipts from fuel and oil sales during the last 12 months? _____

What is your anticipated Gross receipts from fuel and oil sales for the next year? _____

Who fuels the boats?

☐ Boat Owner

☐ Marina Employee

SAILING SCHOOL

Do you operate a sailing school? ☐ Yes ☐ No

If yes Number of students per season _____ Ages _____
Number of instructors _____ CYA certified ☐ Yes ☐ No
Student to instructor ratio _____:1

MISCELLANEOUS

Receipts from provisional sales and other transient services including mooring on a seasonal basis

Past 12 months _____ Anticipated for next year _____

Do you own or operate any watercraft in connection with marina activities? ☐ Yes ☐ No

This form of policy does not cover your liability in respect of any type of commercial craft.

Do you own a floating dock? ☐ Yes ☐ No

Do you sign a 'Hold Harmless agreement (contract)? ☐ Yes ☐ No

At any time do you handle boats belonging to others? ☐ Yes ☐ No Please provide specimen

What is the extent of handling boats belonging to others; Please provide det _____

WATERCRAFTS:

List ALL owned vessels

Provide full details of the vessels and type of use. E.g. workboat used by students etc.

LIMITS OF LIABILITY

This form of policy also covers, under P&I endorsement, if requested, your liability to third party damage, and third party loss of life and personal injury, when insured boats are being operated by you or your employees.

Please indicate the limits of liability desired for claims arising out of:

any one accident or occurrence _____

any one vessel _____

Protection and indemnity endorsement _____

LOSS RECORD

Please list all claims made against you during the past five years resulting from operations by this form of policy:

	DATE	CAUSE	AMOUNT PAID OR ESTIMATED IF CLAIM NOT YET SETTLED
1:			
2:			
3:			
4:			
5:			

PREVIOUS INSURER

Company _____ Policy Number _____

Number of years with current Insurer _____

Additional information _____

Desired effective date _____

ADDITIONAL INFORMATION

Please provide additional Information which may be pertinent to the risk and which may increase or decrease the overall risk to be covered under this Insurance.

IMPORTANT

The completion and signing of this application does not bind the Applicant or the Company to effect insurance of the risk, It is submitted only for the purposes of rating and quotation, if acceptable to this Company. To ensure prompt quotation, please complete entire application striking out sections for which coverage is not required. An incomplete application will be returned.

APPLICANT'S SIGNATURE _____ PRODUCER _____

DATE _____ ADDRESS _____

APPLICATION TO BE ACCOMPANIED BY PHOTOGRAPHS OF EACH BUILDING AND STORAGE AREA.

Accuracy is important-Draw approximately to scale and show dimensions of building and distance between buildings. Please show gas pumps, location of fuel tanks and the launching ramps, hauling devices.

