



MARINA/BOAT DEALERSHIP SUPPLEMENTAL APPLICATION

MARINA EQUIPMENT & TOOLS

Insured Name: _____ **Policy Period From:** _____ **To:** _____

A. Valuation Option: Agreed Value ACV Replacement Cost

B. Deductible: \$500 \$1,000 \$2,500 Other: \$ _____

Is a Blanket Limit Required? Yes No If "Yes," Limit Required \$ _____

C. Equipment Schedule: (Complete the following or submit a complete schedule)

SCHEDULED EQUIPMENT				
Type	Manufacturer		Model	Model Year
Serial Number	Date of Purchase	New/Used	Amount of Insurance	
Type	Manufacturer		Model	Model Year
Serial Number	Date of Purchase	New/Used	Amount of Insurance	
Type	Manufacturer		Model	Model Year
Serial Number	Date of Purchase	New/Used	Amount of Insurance	
Type	Manufacturer		Model	Model Year
Serial Number	Date of Purchase	New/Used	Amount of Insurance	
Type	Manufacturer		Model	Model Year
Serial Number	Date of Purchase	New/Used	Amount of Insurance	
Type	Manufacturer		Model	Model Year
Serial Number	Date of Purchase	New/Used	Amount of Insurance	

Is there any **Unscheduled Equipment** that the Insured wants covered? Yes No If "Yes," describe details below.

Description	Maximum Amount per Item	Amount of Insurance
Employee Tools		
Miscellaneous Tools		
Other: (Describe)		