



## MARINA/BOAT DEALERSHIP SUPPLEMENTAL APPLICATION

### PROPERTY INSURANCE

**Insured Name:** \_\_\_\_\_ **Policy Period From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**A. Causes of Loss Option:** \_\_\_\_\_

**B. Valuation Option:**     ACV     Replacement Cost

**C. Coinsurance Option:**     80%     90%     100%     Other: \_\_\_\_\_

**D. Deductible:**     \$1,000     \$2,500     \$5,000     Other: \$ \_\_\_\_\_

**E. Real and Personal Property:**

Please complete the schedule below. If the coverage is blanket, be sure to show a breakout of the building and contents values at each location.

Please indicate if Blanket Coverage is desired.    **Blanket Limit Requested:** \$ \_\_\_\_\_

Values and Location Details:											
Loc. No.	Bldg. No.	Address			Limit of Insurance Building			Limit of Insurance Personal Property			
<b>Construction Type</b>		<b>Occupancy Type</b>			<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built	Building Square Footage	Square Footage Insured Occupies	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Type 1-Wood Frame <input type="checkbox"/> Type 2-Masonry Wood-Joisted <input type="checkbox"/> Type 3-Metal Non-Combustible <input type="checkbox"/> Type 4-Masonry Non-Combustible <input type="checkbox"/> Type 5-Modified Fire Resistive <input type="checkbox"/> Type 6-Heavy Fire Resistive		<input type="checkbox"/> Office <input type="checkbox"/> Ships Store <input type="checkbox"/> Boat Storage <input type="checkbox"/> Restaurant <input type="checkbox"/> Boat Repair <input type="checkbox"/> Bathhouse <input type="checkbox"/> Boat Sales <input type="checkbox"/> Other: (please specify) _____									Number of Stories: _____
					Wiring (Year)		Heating (Year)		Plumbing (Year)		Roofing (Year)
Loc. No.	Bldg. No.	Address			Limit of Insurance Building			Limit of Insurance Personal Property			
<b>Construction Type</b>		<b>Occupancy Type</b>			<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built	Building Square Footage	Square Footage Insured Occupies	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No	
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					Wiring (Year)		Heating (Year)		Plumbing (Year)		Roofing (Year)

## PROPERTY INSURANCE (cont'd)

Values and Location Details (cont'd):											
<b>Loc. No.</b>	<b>Bldg. No.</b>	<b>Address</b>			<b>Limit of Insurance Building</b>			<b>Limit of Insurance Personal Property</b>			
<b>Construction Type</b>			<b>Occupancy Type</b>			<input type="checkbox"/> Own	<b>Year Built</b>	<b>Building Square Footage</b>	<b>Square Footage Insured Occupies</b>	<b>Burglar Alarm</b>	<b>Sprinkler System</b>
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Number of Stories: _____						Protection class: # _____					
Wiring (Year)		Heating (Year)		Plumbing (Year)		Roofing (Year)					
<b>Loc. No.</b>	<b>Bldg. No.</b>	<b>Address</b>			<b>Limit of Insurance Building</b>			<b>Limit of Insurance Personal Property</b>			
<b>Construction Type</b>			<b>Occupancy Type</b>			<input type="checkbox"/> Own	<b>Year Built</b>	<b>Building Square Footage</b>	<b>Square Footage Insured Occupies</b>	<b>Burglar Alarm</b>	<b>Sprinkler System</b>
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Number of Stories: _____						Protection class: # _____					
Wiring (Year)		Heating (Year)		Plumbing (Year)		Roofing (Year)					

### F. Business Income and Extra Expense Coverage:

**Requested Indemnity (Coinsurance 80%):**

Monthly Limit of Indemnity: \$ \_\_\_\_\_ Maximum Period of Indemnity: \_\_\_\_\_ Deductible Period: \_\_\_\_\_

#### Coverage Options:

- |                                                           |                                                |
|-----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Earnings, Rents, & Extra Expense | <input type="checkbox"/> Rents & Extra Expense |
| <input type="checkbox"/> Earnings and Extra Expense       | <input type="checkbox"/> Extra Expense Only    |