

James Stafford Insurance Agency

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*Your Specialty Insurance Professionals*

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## MARINA OPERATORS SUPPLEMENTAL APPLICATION

PLEASE INCLUDE COMPLETED AND SIGNED **ACORD** COMMERCIAL APPLICATION, GENERAL LIABILITY APPLICATION, AND PROPERTY APPLICATION FORMS.

**NAMED INSURED:** \_\_\_\_\_

**PHYSICAL LOCATION** of property with reference to nearest body of water: \_\_\_\_\_

**OPERATIONS** at insured premises (Coverage limited to operations described in applications):

\_\_\_\_\_

OPERATION	GROSS RECEIPTS PRIOR YR	EST.CURRENT YR
<b>Moorage:</b>		
Open Slips	\$	\$
Buoys	\$	\$
Covered Slips	\$	\$
<b>Storage on land:</b>		
Inside	\$	\$
Outside	\$	\$
<b>Hauling/launching:</b>	\$	\$
<b>Repair:</b>		
Hull	\$	\$
Engine	\$	\$
Rigging	\$	\$
Interior	\$	\$
Electronics	\$	\$
<b>Retail Sales:</b>		
Fuel: Gas	\$	\$
Fuel: Diesel	\$	\$
Supplies	\$	\$

**VESSEL INFORMATION:**

What percentage: \_\_\_\_\_ Aux. Sail \_\_\_\_\_ Powerboat do you handle in the above identified operations.

Average size: \_\_\_\_\_ Average value: \_\_\_\_\_

Total number of the vessels at your facility: \_\_\_\_\_

Are customers required to maintain insurance on their vessels:  YES  NO

Please describe any operation listed above which involves commercial vessels. Please describe the average size, type and commercial use of these vessels.

\_\_\_\_\_

**LOCATION INFORMATION**

ISO protection class: \_\_\_\_\_ Distance in miles from nearest fire station: \_\_\_\_\_

Watchman, employee, or owner on premises at night:  YES  NO

Premises:

Fenced  Floodlighted  Locked during nonbusiness hrs

Age of the pilings: \_\_\_\_\_ Age of dock surface: \_\_\_\_\_ Age of walkways: \_\_\_\_\_

Age of dock wiring: \_\_\_\_\_

Age of Travel Lift: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Lift capacity: \_\_\_\_\_

Describe any buildings used to store or repair vessels (construction, age, heat source, fire protection): \_\_\_\_\_

Total number of slips: \_\_\_\_\_ Total number of buoys: \_\_\_\_\_

Total number of Vessels stored ashore: \_\_\_\_\_

**EMPLOYEE INFORMATION:**

As part of our underwriting program we will check the driving records of employees and owners.

Employee Name	Duties	Drivers License Number/State	# of years Employed

\*\* (Please indicate the designated Travel Lift Operator)

**LOSS EXPERIENCE**

Please list the dollar amount of **ALL LOSSES** (property, workers compensation, general liability and marina operators liability) paid or reserved by any insurance Company during the preceding

five years. Please provide the details of each loss. \_\_\_\_\_

_____ <b>Signature of Applicant</b>	_____ <b>Title</b>	<b>Date</b>
_____ <b>Signature Agent or Broker</b>	_____ <b>Date</b>	

**Agency Name:** \_\_\_\_\_ James Stafford Insurance Agency

Agency No. STAJ09

**Location:** \_\_\_\_\_