



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