



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