



## MARINA/BOAT DEALERSHIP PACKAGE POLICY SUPPLEMENT

### LOSS PAYEE / ADDITIONAL INSUREDS

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

**List All Mortgagees and Loss Payees:**

Name and Address	Interest	Coverage Section(s) Applicable	Location

**List All Additional Insureds:**

Name and Address	Interest	Coverage Section(s) Applicable	Location