

T C A, Inc.

A Marine Insurance Services Company

10188 Big Canoe • Jasper, Georgia 30143

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Marina and Boat Dealer Application

Name of Assured	_____
Mailing Address	_____
City	_____
State & Zip	_____
Survey Contact/Phone no.	_____

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
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Producer's Name	_____
Street Address	_____
City	_____
State & Zip	_____

1. List and describe any business owned, operated, or managed by the insured, including any lessors risk _____.
2. Number of years in business _____.
3. Proposed effective date _____.
4. Please provide name of current carriers, expiring premiums, and policy expiration dates _____.
5. Is the insured a subsidiary of any other entity or does the insured have any subsidiaries? If yes, please describe _____.
6 Any policy or coverage declined, cancelled, or non-renewed during the prior three years? If yes, explain _____.

Locations:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Coverages Requested	
<input type="checkbox"/> Marina Operators	<input type="checkbox"/> Property Insurance
<input type="checkbox"/> General Liability	<input type="checkbox"/> Piers, Wharves & Docks
<input type="checkbox"/> Protection & Indemnity	<input type="checkbox"/> Equipment/Tools
<input type="checkbox"/> Boat Dealer's	<input type="checkbox"/> Owned Watercraft

PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES
 FOR ALL COVERAGES REQUESTED ALSO INCLUDE YES, NO, OR N/A WHERE APPROPRIATE -
 RECEIPTS AND SALES INFORMATION REQUIRED

Gross Receipts		Sales	
Activity	Amount	Type	Amount
Dock Rental	\$0.00	Boat Sales	\$0.00
Storage	\$0.00	Boat Brokerage Comm.	\$0.00
Repair	\$0.00	Ship Store Sales	\$0.00
Fueling	\$0.00	Restaurant Sales	\$0.00
Hauling/Launching	\$0.00	Other Sales *	\$0.00
Rental Boats \$0.00		Total Sales	\$0.00
Rental (leased Property)	\$0.00		
All other receipts *	\$0.00		
Total Receipts	\$0.00		
Please identify source of other receipts		* Please identify source of other sales:	

General Information						
Protection at locations Yes or No	LOCATIONS					
	1	2	3	4	5	6
U/L certified central station alarm	N/A	N/A	N/A	N/A	N/A	N/A
Watchman service after business hours	N/A	N/A	N/A	N/A	N/A	N/A
Describe nature & extent of watchman	N/A	N/A	N/A	N/A	N/A	N/A
Alarm with outside gong or siren	N/A	N/A	N/A	N/A	N/A	N/A
Completely fenced and floodlighted	N/A	N/A	N/A	N/A	N/A	N/A
Automatic/emergency fuel shutoff valve?	N/A	N/A	N/A	N/A	N/A	N/A

Fire Protection	LOCATIONS					
	1	2	3	4	5	6
Paid or volunteer						
Distance from location(s)						
Public fire hydrants - no. and distance						
Public fire mains - size and pressure						
Describe any private fire protection						

Section 1 - Marina Operators Liability

1. Limits requested:
A. Any one vessel <u>\$0.00</u>
B. Any one accident or occurrence <u>\$0.00</u>
2. Deductible requested <u>\$0.00</u> (minimum \$1000)

Docking and Mooring	LOCATIONS					
	1	2	3	4	5	6
Slips available for rent						
Buoys available for rent						
Average value of yachts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maximum value of yachts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Any slips under a common roof						
Describe type of heavy lift equipment and indicate lifting capacity _____.						

Storage*	LOCATIONS					
	1	2	3	4	5	6
Max. number of yachts stored at any time in past year						
Number stored in summer						
Number stored in winter						
Average value of yachts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Max. value of yachts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

A. Are yachts stored afloat between 12/1 and 4/1? N/A
B. Are yachts stored inside a building? N/A If yes, are they on racks? N/A Sprinkler system? N/A

C. Type of building construction _____
D. Fire rate _____
E. Are yachts stored outside on racks? N/A If yes, how many? _____ * If you provide any storage a copy of the storage agreement is required for coverage to apply.

Repair Operations
A. Type of vessels _____
B. Type of work _____
C. Highest value of any one yacht repaired last year \$0.00
D. Describe any commercial ship repair work you do and provide receipts _____
E. Receipts (non-commercial) past 12 months. \$0.00

Section 2 - General Liability

Limits Requested (choose one)	Option A <input type="checkbox"/>	Option B <input type="checkbox"/>	Option C <input type="checkbox"/>
A. General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000
B. Products-Completed Ops	\$1,000,000	\$500,000	\$300,000
Aggregate	\$1,000,000	\$500,000	\$300,000
C. Personal And Advertising Injury	\$1,000,000	\$500,000	\$300,000
D. Each Occurrence	\$100,000	\$100,000	\$100,000
E. Fire Damage (Any One Fire)	\$5,000	\$5,000	\$5,000
F. Medical Expense (Any One Person)			

Products Sold (ex boats & ship stores)	Annual Sales	No. Of Units	Intended Use
_____	\$0.00	_____	_____
_____	\$0.00	_____	_____
_____	\$0.00	_____	_____
_____	\$0.00	_____	_____

Explain all "yes" responses
1. Does applicant install, service, or demonstrate products? N/A Explain: _____
2. Foreign products sold, distributed, used as components? N/A Explain: _____
3. Research and development conducted or new products planned? N/A Explain: _____
4. Guarantees, warranties, hold harmless agreements? N/A Explain: _____
5. Products recalled, discontinued, changed? N/A Explain: _____
6. Products of others sold or repackaged under applicant's label? N/A Explain: _____
7. Products under label of others? N/A Explain: _____
8. Vendors coverage required? N/A Explain: _____
9. Does any named insured sell to other named insured? N/A Explain: _____

10. Products manufactured? N/A
 Explain: _____

Please attach literature, brochures, labels, warnings, etc.		
Additional interests/certificate recipients?		
Name and address	Interest	Certificate
_____	_____	_____
_____	_____	_____

General Information	Explain all "yes" responses
1. Any medical facilities provided or doctor employed/contracted? N/A Explain: _____	
2. Any exposure to radioactive/nuclear material? N/A Explain: _____	
3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material? N/A Explain: _____	
4. Any operations sold, acquired or discontinued in last 5 years? N/A Explain: _____	
5. Any parking facilities owned/operators? N/A	Number of parking spaces _____
Explain: _____	
6. Is a fee charged for parking? N/A Explain: _____	
7. Recreation facilities provided? N/A Explain: _____	
8. Is there a swimming pool on the premises? N/A Explain: _____	
9. Sporting or social events sponsored? N/A Explain: _____	
10. Any structural alterations contemplated? N/A Explain: _____	
11. Any demolition exposure contemplated? N/A Explain: _____	
12. Does harbormaster or any other person(s) live on premises? N/A Explain: _____	

Remarks: _____

Section 3 - Protection And Indemnity

Sections Applicable	Marina operators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Boat dealers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Work boats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
	Rental boats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
	Other owned boats (excl. boats for sale)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
For work boats, rental boats and other owned boats, indicate make, year built, length and horsepower for each _____				

Limit Requested \$0.00 _____
For owned watercraft, are crew covered? N/A If yes, no. _____
Please fully describe work boat / rental boat / other owned boat operation if you are requesting P&I coverage for these vessels _____

Section 4 - Boat Dealer's Insurance

Requested Limits:	
A. Limit any one vessel:	\$0.00 _____
B. Limit any one location:	\$0.00 _____
C. Limit any one accident or occurrence:	\$0.00 _____
D. Deductible each occurrence each location:	\$0.00 _____ (minimum \$1,000)
Type of boats sold and manufacturer _____	
Are any High Performance Boats Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any Personal Watercraft or Jet Ski's Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any Snowmobiles Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location	Last Inventory Date 1/1/2001	Prior Inventory * Date 1/1/2001	Average Monthly Inventory
Loc A Bldg. –	\$0.00 _____	\$0.00 _____	\$0.00 _____
Open Area -	\$0.00 _____	\$0.00 _____	\$0.00 _____
In Water -	\$0.00 _____	\$0.00 _____	\$0.00 _____
Loc B Bldg. –	\$0.00 _____	\$0.00 _____	\$0.00 _____
Open Area -	\$0.00 _____	\$0.00 _____	\$0.00 _____
In Water -	\$0.00 _____	\$0.00 _____	\$0.00 _____
Loc C Bldg. –	\$0.00 _____	\$0.00 _____	\$0.00 _____
Open Area -	\$0.00 _____	\$0.00 _____	\$0.00 _____
In Water -	\$0.00 _____	\$0.00 _____	\$0.00 _____
Loc D Bldg. –	\$0.00 _____	\$0.00 _____	\$0.00 _____
Open Area -	\$0.00 _____	\$0.00 _____	\$0.00 _____
In Water -	\$0.00 _____	\$0.00 _____	\$0.00 _____
Loc E Bldg. –	\$0.00 _____	\$0.00 _____	\$0.00 _____
Open Area -	\$0.00 _____	\$0.00 _____	\$0.00 _____
In Water -	\$0.00 _____	\$0.00 _____	\$0.00 _____
Loc F Bldg. –	\$0.00 _____	\$0.00 _____	\$0.00 _____
Open Area -	\$0.00 _____	\$0.00 _____	\$0.00 _____
In Water -	\$0.00 _____	\$0.00 _____	\$0.00 _____

* - Should be six months from prior inventory date.

Transit Exposures:	
A. Are any boats delivered from mfr. at Insured's risk? N/A If yes, how are they delivered? _____	
Max. value any one boat \$0.00 _____	Max. value any one delivery \$0.00 _____
B. Are any boats delivered by water to the insured? N/A If yes, from where? _____	
C. Total values of boats delivered by insured during the past year: \$0.00 _____	
D. By public carrier \$0.00 _____	
E. By applicant's vehicle \$0.00 _____	
F. Average distance the boats are transported _____ Maximum _____	
G. Number of boats delivered to purchaser by water _____	

H. Average distance _____ Average Value \$0.00

Boat Shows	
no. of boat shows annually _____	no. of boats each show _____
In water or on land _____	
Maximum dollar limit any one show	\$0.00
Average/maximum distance to show _____	
Transported by common carrier or own vehicles? _____	

Demonstrations	
Maximum value any one boat	\$0.00
Maximum mph any one boat	_____
Is boat under command of competent employee?	N/A
Are demonstrators equipped with full complement of U.S. Coast Guard required safety equipment? N/A	

Section 5 - Piers, Wharves And Docks

Indicate Valuation: Choose One

General	LOCATIONS					
	A	B	C	D	E	F
Number of floating docks						
Number of fixed piers						
Insured value for docks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insured value for piers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Attach a diagram of the docks/piers if available.	
Describe the floating docks and piers: _____	
Indicate type of construction _____	
Indicate type of flotation devices _____	
Indicate type of mooring devices _____	
Age of docks _____	Age of piers _____
Are the slips open or covered? N/A	
Number of open slips _____	Number of covered slips _____
Describe the maintenance program _____	
Describe firefighting capabilities _____	
Deductible Requested	\$0.00 (\$1,000 Minimum)

Section 6 - Property Insurance

Premises Information		
Location No _____ Building No _____ Subject of Insurance	ACV (ACV 80%) or Repl Cost (RC 90%)	Limit
Building _____	Choose One	\$0.00 _____
Contents _____	Choose One	\$0.00 _____
Other _____	Choose One	\$0.00 _____
Deductible \$0.00 _____ (minimum \$500)		
Year built _____ How is this building used by the Insured? _____		
Construction type _____	Protection class _____	RCP Code _____
Total area _____	Other occupancies _____	
Building improvements _____		
Wiring, yr. _____ Heating, yr _____		
Roofing, yr. _____ Plumbing, yr. _____ no. of stories _____		
Burglar Alarm N/A Describe _____		
Sprinkler Alarm N/A Describe _____		
Basement N/A		
Business Income And Extra Expense Coverage - Actual Loss Sustained		
Requested Limit \$0.00 _____ COINSURANCE 80%		

Premises Information		
Location No _____ Building No _____ Subject of Insurance	ACV (ACV 80%) or Repl Cost (RC 90%)	Limit
Building _____	Choose One	\$0.00 _____
Contents _____	Choose One	\$0.00 _____
Other _____	Choose One	\$0.00 _____
Deductible \$0.00 _____ (minimum \$500)		
Year built _____ How is this building used by the Insured? _____		
Construction type _____	Protection class _____	RCP Code _____
Total area _____	Other occupancies _____	
Building improvements _____		
Wiring, yr. _____ Heating, yr _____		
Roofing, yr. _____ Plumbing, yr. _____ no. of stories _____		
Burglar Alarm N/A Describe _____		
Sprinkler Alarm N/A Describe _____		

Basement	N/A
Business Income And Extra Expense Coverage - Actual Loss Sustained	
Requested Limit	<u>\$0.00</u> COINSURANCE 80%

Premises Information		
Location No _____ Building No _____ Subject of Insurance	ACV (ACV 80%) or Repl Cost (RC 90%)	Limit
Building _____	Choose One	\$0.00
Contents _____	Choose One	\$0.00
Other _____	Choose One	\$0.00
Deductible \$0.00 _____ (minimum \$500)		
Year built _____ How is this building used by the Insured? _____		
Construction type _____	Protection class _____	RCP Code _____
Total area _____	Other occupancies _____	
Building improvements _____		
Wiring, yr. _____	Heating, yr _____	
Roofing, yr. _____	Plumbing, yr. _____	no. of stories _____
Burglar Alarm N/A Describe _____		
Sprinkler Alarm N/A Describe _____		
Basement N/A		
Business Income And Extra Expense Coverage - Actual Loss Sustained		
Requested Limit	<u>\$0.00</u> COINSURANCE 80%	

Premises Information		
Location No _____ Building No _____ Subject of Insurance	ACV (ACV 80%) or Repl Cost (RC 90%)	Limit
Building _____	Choose One	\$0.00
Contents _____	Choose One	\$0.00
Other _____	Choose One	\$0.00
Deductible \$0.00 _____ (minimum \$500)		
Year built _____ How is this building used by the Insured? _____		
Construction type _____	Protection class _____	RCP Code _____
Total area _____	Other occupancies _____	
Building improvements _____		
Wiring, yr. _____	Heating, yr _____	
Roofing, yr. _____	Plumbing, yr. _____	no. of stories _____
Burglar Alarm N/A Describe _____		
Sprinkler Alarm N/A Describe _____		

Basement N/A		
Business Income And Extra Expense Coverage - Actual Loss Sustained		
Requested Limit \$0.00 COINSURANCE 80%		
Premises Information		
Location No _____ Building No _____ Subject of Insurance	ACV (ACV 80%) or Repl Cost (RC 90%)	Limit
Building _____	Choose One	\$0.00
Contents _____	Choose One	\$0.00
Other _____	Choose One	\$0.00
Deductible \$0.00 (minimum \$500)		
Year built _____ How is this building used by the Insured? _____		
Construction type	Protection class	RCP Code
Total area _____	Other occupancies _____	
Building improvements _____		
Wiring, yr. _____	Heating, yr _____	
Roofing, yr. _____	Plumbing, yr. _____	no. of stories _____
Burglar Alarm N/A Describe _____		
Sprinkler Alarm N/A Describe _____		
Basement N/A		
Business Income And Extra Expense Coverage - Actual Loss Sustained		
Requested Limit \$0.00 COINSURANCE 80%		

Premises Information		
Location No _____ Building No _____ Subject of Insurance	ACV (ACV 80%) or Repl Cost (RC 90%)	Limit
Building _____	Choose One	\$0.00
Contents _____	Choose One	\$0.00
Other _____	Choose One	\$0.00
Deductible \$0.00 (minimum \$500)		
Year built _____ How is this building used by the Insured? _____		
Construction type	Protection class	RCP Code
Total area _____	Other occupancies _____	
Building improvements _____		
Wiring, yr. _____	Heating, yr _____	
Roofing, yr. _____	Plumbing, yr. _____	no. of stories _____
Burglar Alarm N/A Describe _____		
Sprinkler Alarm N/A Describe _____		
Basement N/A		

Business Income And Extra Expense Coverage - Actual Loss Sustained	
Requested Limit	\$0.00 COINSURANCE 80%

Section 7 - Equipment/Tools

Equipment Coverage	Indicate Valuation	ACV 80%	Repl Cost 90%	(Circle One)
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Complete the following or submit schedule				
Description	Value	D/A	Serial Number	Location
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			

Section 8 - Owned Watercraft

Owned Watercraft Coverage	Indicate Valuation	ACV 80%	Repl Cost 90	(Circle One)
Fully describe any operation for which you are requesting coverage for owned watercraft				

Complete the following or submit schedule				
Description	Value	D/A	Serial Number	Location
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			

If you are requesting coverage for boats that are rented please submit a copy of the applicable rental agreement as well as a description of your rental qualification standards.

Mortgagees/Loss Payees
Name and Address: _____ Interest: _____ Coverage Section(s) Applicable: _____ Location: _____
Name and Address: _____ Interest: _____ Coverage Section(s) Applicable: _____ Location: _____
Name and Address: _____ Interest: _____ Coverage Section(s) Applicable: _____ Location: _____
Name and Address: _____ Interest: _____ Coverage Section(s) Applicable: _____

