

☐ **National Casualty Company**

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☐ **Scottsdale Indemnity Company**

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☐ **Scottsdale Insurance Company**

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☐ **Scottsdale Surplus Lines Insurance Company**

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BOAT MARINAS OR YARDS/BOAT REPAIR/BOAT STORAGE SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

1. Name of Applicant: _____
Address: _____ City: _____ State: _____ Zip: _____
Website Address: _____
2. Type of Business: ☐ Boat Repair ☐ Boat Storage ☐ Boat Marinas or Yards
Years in Business: _____
Years in business under the same ownership: _____
Is Applicant affiliated with any other business (e.g., resort)? _____ ☐ Yes ☐ No
If yes, provide details: _____
3. Business premises are located on which body of water? _____
A. Who governs this body of water (e.g., Corp of Engineers, TVA, etc.)? _____
B. Is business open all twelve (12) months of the year? _____ ☐ Yes ☐ No
If no, when open? From: _____ To: _____
4. Deductible requested: ☐ \$1,000 (minimum) ☐ \$2,500
5. Provide Total Estimated Annual Gross Receipts: _____ \$
6. Provide Total Estimated Annual Gross Sales/Payroll/Number of Spaces for each applicable operation:

Operation	Class Code	Annual Gross Sales/Payroll/ No. of Spaces	Operation	Class Code	Annual Gross Sales/Payroll/ No. of Spaces
Boat Dealers	10101	Annual Gross Sales \$	Diving-Marina (Hull Repair/Hull Cleaning	91666	Payroll \$
Boat Storage and Moorage	10105	Annual Gross Sales \$	Restaurants—with no sale of alcoholic beverages—with table service	16900	Annual Gross Sales \$
Boat Yards or Marinas—Public	10107	Annual Gross Sales \$	Restaurants—with no sale of alcoholic beverages—without table service—with seating	16901	Annual Gross Sales \$

Operation	Class Code	Annual Gross Sales/Payroll/ No. of Spaces	Operation	Class Code	Annual Gross Sales/Payroll/ No. of Spaces
Boats—canoes or rowboats—for rent not equipped with motors	10110	Annual Gross Sales \$	Restaurants—with no sale of alcoholic beverages—without seating	16902	Annual Gross Sales \$
Boats-motor or sail-rented to others	10117	Annual Gross Sales \$	Restaurants—with sale of alcoholic beverages that are less than thirty percent (30%) of the annual receipts of the restaurant—with seating	16910	Annual Gross Sales \$
Boat Repair and Servicing	91235	Payroll \$	Store—food or drink	18435	Annual Gross Sales \$
Campgrounds or Recreational Vehicle Parks	10331	No. of Spaces: \$	Store—no food or drink	18437	Annual Gross Sales \$
Hotels/Motels—with pools and beaches—less than four stories	45190	Annual Gross Sales \$	Annual Gross Liquor Receipts		Annual Gross Receipts \$
Hotels/Motels—without pools and beaches—less than four stories	45192	Annual Gross Sales \$	Other (Describe):		\$

7. Do you sponsor any Special Event?..... ☐ Yes ☐ No

If yes, describe: _____

8. Do you use a Crane/Boat Lift? ☐ Yes ☐ No

What is the maximum height of any lift? _____ Feet

How old are your Slings? _____ years old

9. Do you provide Pump-out Service?..... ☐ Yes ☐ No

If yes, do you maintain all environmental records in accordance with State and Local Regulations? ☐ Yes ☐ No

10. Do you operate a Fueling Station? ☐ Yes ☐ No

If yes, answer questions below:

A. What are your Total Estimated Annual Gross Sales from this operation? \$ _____

B. Number of tanks located at your site: _____ Underground _____ Above Ground

C. What is the age of your oldest tank? _____ years old

D. What is the maximum capacity of your largest tank? _____ gallons

E. What is the age of your oldest piping? _____ years old

F. Do you offer twenty-four (24) hour self-service fueling?..... ☐ Yes ☐ No

G. Is fueling always performed by an employee attendant? ☐ Yes ☐ No

11. What is the maximum length of boats:

Rented to others: _____ Repair for others: _____ Stored for others: _____

12. Do you repair high performance boats?..... ☐ Yes ☐ No

13. Do you rent or sell any ATVs, houseboats, jet skis, wave runners or other personal watercrafts, and vehicles? ☐ Yes ☐ No

If yes, describe: _____

14. Do you build or manufacture any watercraft? ☐ Yes ☐ No

If yes, describe: _____

15. Describe your floating property.

	Dock/Bldg. 1	Dock/Bldg. 2	Dock/Bldg. 3
Dock Name, Letter or Number			
Dock Construction Type (wood or steel)			
Age			
Number of slips			
Are docks covered (i.e., with roof)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Located on a waterway that is subject to tides and/or water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Boat Repairs (Repairs, Restoration, Alteration, Maintenance):

Types of Work Done:							
Electrical	%	Engine work	%	Fiberglass	%	General repair	%
Non-spray painting	%	Spray painting	%	Welding	%	Woodworking	%
Cleaning	%	Describe:					
Type of vessels repaired: <input type="checkbox"/> Gross Registered Tonnage (GRT) <input type="checkbox"/> Length/Beam							
Any conversion or reconstruction of vessels (e.g., for parasailing)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes:							
Annual receipts: _____							
Describe work performed: _____							
Other—Describe: _____							
Value of vessels handled: Average: \$_____ Maximum: \$_____							
Percentage of income from: Commercial craft: _____% Pleasure/Personal: _____%							
Age of boats repaired: _____							

17. Are operations subject to the Jones Act or the USL&H Act? ☐ Yes ☐ No

PLEASE ATTACH A COPY OF THE FOLLOWING ITEMS IF APPLICABLE:

- 1. YOUR BOAT RENTAL AGREEMENT**
- 2. YOUR SLIP RENTAL AGREEMENT**
- 3. YOUR FIVE YEAR CURRENTLY VALUED INSURANCE CARRIER LOSS RUNS**

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.