



SECTION V - PIERS, WHARVES & DOCKS

Indicate valuation: 80% ACV 90% Replacement Cost

Deductible requested: \$ _____ (\$1,000 minimum & applies per occurrence)

Piers, Wharves & Docks	Locations		
	1	2	3
No. of floating docks			
No. of fixed piers			
Insured value of floating docks	\$	\$	\$
Insured value of piers	\$	\$	\$

- Draw (or attach) a diagram of the docks & piers and indicate:
- Type of construction.
 - Type of flotation devices.
 - Type of anchoring devices.
 - Age of docks & piers.
 - Open slips and number.
 - Covered slips and number.
 - Describe maintenance program.

Sailing school or boating courses provided? yes no. If yes:

- Provide a description of the schools or courses offered. You may attach club brochures that provide this information or enter your description in the "Remarks" section at the end of the application. Your description must include:
 - the number of times each is offered per year;
 - number of students per course;
 - number of instructors;
 - how long has the club been operating the school or course;
- List qualification requirements for instructors.
- Are parental consent forms obtained for all children enrolling in the school or course? yes no
- Are all participants required to wear life jackets at all times while on the water? yes no
- Is there a motorized boat in the water at all times when participants are on the water? yes no
- Does the club use only boats owned by the club for the schools or courses? yes no. If no, provide a list of boats used.

SECTION VII- EQUIPMENT/TOOLS

Indicate valuation: 80% ACV 90% Replacement Cost

Deductible requested: \$ _____ (\$500 min. applies per occurrence to total schedule)

Complete the following or submit a schedule:

Item description	Value	Serial Number
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
11.	\$	
12.	\$	
13.	\$	
14.	\$	
15.	\$	

EMPLOYEE BENEFITS LIABILITY

1. Limits of Insurance requested:
\$ Each employee; \$ Aggregate. (\$1,000,000 maximum)
2. Employee Benefit Programs which are automatically covered without being specifically listed: Group Life Insurance, Group Accident or Health Insurance, Profit Sharing Plans, Pension Plans, Stock Subscription Plans, Unemployment Insurance, Social Security Benefits, Workers' Compensations and Disability Benefits.

List any other types of plans for which coverage is desired:
3. Number of people employed by Club.
4. Retroactive Date:
5. Number of employees covered by Employee Benefit Plans.
6. Does the Club maintain a department or unit to (a) administer Employee Benefit Plans, and (b) answer questions and advise employees concerning the Plans? yes no
7. On programs permitting employees an option to enroll or not to enroll, does the Club require a signed acceptance or rejection from each employee? yes no
8. If the Club's Employee Pension Plan and/or Profit Sharing Plan is/are funded with a financial institution, provide details regarding its administration.

EMPLOYEE DISHONESTY

(\$10,000 limit automatically provided)

1. Optional Limits of Insurance: \$25,000 \$50,000
2. Deductible requested (required): \$250 \$500 \$1,000
3. Total number of employees, including officers & directors.
4. Total number of cashiers/bookkeepers/clerks.
5. Are references required on newly hired employees? yes no
6. Is there an audit by CPA Public Accountant Staff other
7. Audit frequency annual semi-annual quarterly other
8. Does audit include inventory? yes no
9. Audit is rendered to manager Board of Directors other
10. Does someone not authorized to deposit or withdraw reconcile bank accounts? yes no

11. Is countersignature of checks required? yes no. If no, who signs?

12. Will securities be subject to joint control of two or more responsible employees? yes no

13. Are all officers and employees required to take annual vacations of at least 5 consecutive business days? yes no

OPTIONAL COVERAGES

(complete only those sections for which coverage is requested)

LIQUOR LIABILITY

Limits of Insurance requested:

\$ Each Occurrence/ Aggregate.

1. Does the club have a liquor license? yes no. If yes, give type.
2. Does club sell package goods? yes no
3. Are employees given liquor training? yes no. If yes, describe type of training.
4. Does club have a written policy for employees on serving alcohol to customers? yes no
5. Is management notified prior to shutting off customers? yes no.
Is documentation kept on each incident? yes no
6. Is there a happy hour? yes no.
Reduced price drinks? yes no
7. Is last call given? yes no. If yes, at what time?
8. Are shots given? yes no
9. Have there been any Liquor Board violations? yes no

HIRED/NON-OWNED AUTO LIABILITY

1. Does Club own any autos? yes no
2. Does Club allow use of personal cars for business use? yes no
3. How frequently?
4. Are the same drivers/officers usually used? yes no
5. Are MVR's checked annually? yes no
6. Does the club require proof of personal insurance? yes no
7. What limits are required?
8. Number of employees who use their personal cars.
9. Number of underage drivers (<25 yrs).