

SECTION VERIERS, Y	VHARVES	& DOCKS	
Indicate valuation: 80% ACV	0% Replace	ment Cost	1, 2
Deductible requested: \$ (\$1,000 n	ninimum & app	lies per occur	rence)
Piers, Wharves & Docks		Locatio	ns
	1	2	3
No. of floating docks			
No. of fixed piers			
Insured value of floating docks	\$	\$	\$
Insured value of piers	\$	\$	\$
			ļΨ
Draw (or attach) a diagram of the dock	s & piers and	indicate:	·
1. Type of construction.			
2. Type of flotation devices.			
3. Type of anchoring devices.			
4. Age of docks & piers.			
Open slips and number.			· · · · · · · · · · · · · · · · · · ·
6. Covered slips and number.		`\	
7. Describe maintenance program.			
Sailing school or boating courses	provided2]	rc
But of ordering oddiscs	brovided: E	_ yes [-] no	∴If yes:
Provide a description of the so	choole or so		
attach club brochures that pro	uide this info	rses oftered.	You may
description in the "Remarks"	riuc iiiis iiiio	cination or e	inter your
Your description must include	e conon at me	cila of the a	ipplication.
o the number of times each	s offered per	Vaor	
o number of students per co	irse.	year,	
o number of instructors;	4150,		
o how long has the club been	operating th	e school are	201120
 List qualification requirements fo 	r instructors		course,
Are parental consent forms obtain school or course? yes no	ned for all chi	ldren enroll	ing in the
• Are all participants required to we	ar life iacket	s at all time	s while on

Is there a motorized boat in the water at all times when participants

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.

the water? yes no

are on the water? yes no

SE	CTION VII- F	EQUIPMENT/TOOLS
Indicate valuation:	80% ACV	90% Replacement Cost
Deductible requeste	d: \$ (\$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.	\$	

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32		711	200 00 00 00 00 00 00 00	200 Sept. 180 (200 Sept. 201 Sept. 2	ERCRAFT	al cohedule)
Deductible requested: \$ (\$500 min. applies per occurrence to total schedule)						
SCHEDULE OF OWNED WATERCRAFT						
All owned water	Carried and Additional Control of Land	The second second	and the second of the second of the	O A COLUMN CONTRACTOR	CONTRACTOR CONTRACTOR CONTRACTOR OF TAXABLE	er Section II
- Protection and				octow 101	coverage and	
If physical dama	-		-	uested un	der Section VI	II – Owned
Watercraft, show	-	_				
those boats with						
damage.	O					
Year Length	Make/M	odel/Bu	ilder	HP	Use of vessel	Agreed Value
						\$
						\$
						\$
						\$
						\$
						\$
						\$ .
					<b>\</b>	\$ .
						\$
	- Marie	- 1. TO				\$
-017 878475 (C.R.)	and the second s	112 17-3 7 3 22 13			INDEMNITY	<i>(</i> 1
Limit requested:	\$300,0	00	\$500,00	00 [\$1,	000,000	
T 1	C.1 C.11	•	1			
Indicate which of				1		
Launch/Work/U		ye		no	How many?	<del></del>
Non-powered bo			es _	no	How many?	
Powered boats *			es L	] no	How many?	
Other owned bo			es _	<u>J</u> no	How many?	
* Sailing prams, canoes, kayaks, etc.  ** Auxiliary powered sailboats and other powered boats except launches,						
· ·				powered	i obais except i	aunones,
work or utility/r				'Schedul	e of Owned Wa	atercraft"
T .	ction VIII.	compr	cic inc	Schoul	c of Owned wa	
2. On owned watercraft, is crew to be covered? yes no						
Number of crew						
3. Describe operations of all rental/club/fleet/class or other owned boat						
operation	S.					•

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): \$\square\$\$\$\$250 \$\square\$\$\$\$\$\$\$\$500 \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
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

least 5 consecutive business days? ☐ yes ☐ no	employees?	pe subject to joint con yes  no and employees requir		
	least 5 consecut	ive business days?	yes no	

OPTIONAL COVERAGES
(complete only those sections for which coverage is requested)

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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?
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).