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LEGAL LIABILITY PROGRAM APPLICATION

SECTION I - GENERAL INFORMATION

Name of Insured _____

Mailing Address _____

() Individual () Partnership () Corporation

Proposed effective date _____

Survey Contact/Phone # _____

List all business locations:

a. _____

b. _____

c. _____

List and describe all business operations of the Insured: _____

Number of years in business _____ Years under present management _____

Names and past experience of key personnel _____

Is business seasonal? _____ Months of operation _____

Number of employees _____ Annual payroll _____

Are premises/docks accessible to general public? _____

Any tenants on premises? _____ If so, describe occupancy _____

Are Certificates of Insurance required from all tenants on premises? _____

Are Certificates of Insurance required from all sub-contractors? _____

Any dwellings on premises? _____ If so, occupied by owner or tenant? _____

Is there a swimming pool on premises? _____

PROTECTIONS

FIRE PROTECTION

Public, paid or volunteer _____ Distance from premises _____

Number of public fire hydrants _____ Distance from premises _____

Number of fire extinguishers _____ Fire protection class _____

Give full description of other fire protections _____

THEFT PROTECTION

Guard/watchman on premises _____ If an employee, is he armed? _____

Guard dog on premises _____ If yes, who owns? _____

Provide age, name and breed _____

Floodlights _____ Are premises fully fenced in? _____

Describe fencing _____

Give full description of other theft protections _____

Is a formal safety program in force? (describe) _____

GROSS RECEIPTS FOR ALL OPERATIONS

estimate for next 12 months

actual for past 12 months

Mooring and slip rental	\$ _____	\$ _____
Storage	\$ _____	\$ _____
Hauling and launching	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Fueling	\$ _____	\$ _____
Boat rental	\$ _____	\$ _____
Boat sales	\$ _____	\$ _____
Ship store/marine store	\$ _____	\$ _____
Tenant receipts (lessor's risk)	\$ _____	\$ _____
Restaurant	\$ _____	\$ _____
Hotel/Motel	\$ _____	\$ _____
Campground/R.V. Park	\$ _____	\$ _____
Mobile Home Park	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

**SECTION II - MARINA OPERATORS LEGAL LIABILITY AND
COMMERCIAL GENERAL LIABILITY**

LIMITS REQUESTED (PER OCCURRENCE / AGGREGATE)

() \$300,000 / \$600,000 () \$500,000 / \$1,000,000 () \$1,000,000 / \$2,000,000

Deductible Requested (Per Occurrence-Property Damage) () 2,500 () 5,000 () 10,000

A. MOORING AND SLIP RENTAL:

Number of slips _____ Number rented _____ Number covered _____
 Number of docks _____ Number of slips at each dock _____
 Type of moorings _____ Number of moorings _____ Number rented _____
 Average total value of boats at slips and moorings \$ _____
 Maximum total value at any one time \$ _____
 Type of construction and age of docks/roofs _____

B. STORAGE OPERATIONS:

Maximum number of boats stored ashore (outside) at any one time _____
 Estimated total values \$ _____

(NOTE: FOR THE REMAINING QUESTIONS IN THIS SECTION, IF THE INSURED STORES BOATS IN MORE THAN ONE BUILDING, PROVIDE SEPARATE DETAILS FOR EACH BUILDING.)

Type of construction and age of all buildings _____

 Maximum number of boats stored ashore inside building at any one time _____
 Estimated total values \$ _____
 If boats inside building are stored on racks, total number of spaces _____
 Are all buildings sprinklered? _____
 If more than one racked storage building, distance between buildings _____
 Any outside racked storage? _____ Estimated total values _____

C. HAULING AND LAUNCHING

Describe type and age of equipment used:

How often is equipment inspected and by whom? _____

Is a guide or "spotter" used whenever equipment is operated? _____

Number of boats hauled out in last 12 months for:

a. Repair _____ b. Storage _____ c. Other _____

D. FUELING

Gas _____ Diesel _____

Is fueling done by the Insured or the customer? _____

Automatic / emergency fuel shutoff valve? _____

E. DESCRIBE ANY OWNED WORKBOATS AND/OR RENTAL BOATS (MFR., YEAR, LENGTH, HULL I.D. #, HORSEPOWER, MAXIMUM SPEED)

Attach Schedule if more room is needed.

If rental boats, must attach copy of Insured's boat rental agreement.

Note: If Insured also performs repairs, complete next section.

SECTION III - BOAT REPAIRERS LEGAL LIABILITY AND COMMERCIAL GENERAL LIABILITY

LIMITS REQUESTED (PER OCCURRENCE / AGGREGATE)

() \$300,000 / \$600,000 () \$500,000 / \$1,000,000 () \$1,000,000 / \$2,000,000

Deductible Requested (Per Occurrence-Property Damage) () 2,500 () 5,000 () 10,000

Describe yard facilities _____

Number of vessels repaired annually _____

Type of vessels repaired _____

a. Average value any one vessel _____

b. Maximum value any one vessel _____

Types of repairs performed _____

Any major reconstruction work carried out or new vessel construction? Describe: _____

**SECTION IV - MANDATORY ADDITIONAL UNDERWRITING
INFORMATION**

1. List all types and amounts of losses that have occurred during the past 5 years: (date, description, amount paid/reserve, if claim "open or closed". If none, state "none".)

19 _____

19 _____

19 _____

19 _____

19 _____

2. List present carriers, limits of liability, and expiring premiums

3. Has insurance ever been declined, cancelled or non-renewed? _____

If yes, explain: _____

4. List all required Additional Insureds (Name, Address, Interest)

Please review the entire application carefully before signing because false information may void your insurance. I represent that all facts in this application are correct.

Signing this form does not bind the owner to purchase the insurance or the company to accept the risk, but is agreed that this form shall be the basis of the contract should a policy be issued.

Applicant's signature _____ Date _____

Name of producer _____ Agency _____

Address _____

Telephone number _____ Fax number _____