



**Dallas**  
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## SUPPLEMENTAL APPLICATION

PLEASE INCLUDE COMPLETED AND SIGNED **ACORD** COMMERCIAL APPLICATION,  
GENERAL LIABILITY APPLICATION, AND PROPERTY APPLICATION FORMS

**1. NAMED INSURED:**

**2. PHYSICAL LOCATION** of property  
with reference to nearest body of water:

**3. OPERATIONS** at insured premises (Coverage limited to operations described in applications)

<u>OPERATION</u>	<u>GROSS RECEIPTS PRIOR YR</u>	<u>EST.CURRENT YR</u>
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**A. Moorage:** OPEN SLIPS  
BUOYS  
COVERED SLIPS

**B. Storage on land:** INSIDE  
OUTSIDE

**C. Hauling/launching:**

**D. Repair:** HULL  
ENGINE  
RIGGING  
INTERIOR  
ELECTRONICS

**E. Retail Sales:** FUEL: GAS  
DIESEL  
SUPPLIES:

**4. VESSEL INFORMATION:**

-What percentage: \_\_\_\_\_ Aux. Sail \_\_\_\_\_ Power boat do you handle in the \_\_\_\_\_ above  
identified OPERATIONS.

-What is the average size \_\_\_\_\_ : average value \_\_\_\_\_  
total number \_\_\_\_\_ of the vessels at your facility

-Do you require your customers to maintain insurance on their vessels \_\_\_\_\_ yes \_\_\_\_\_ no

Please describe any operation listed above (3. A.B.C.D. E.) which involve commercial vessels. Please describe the average size, type, and commercial use of these vessels.

### 5. LOCATION INFORMATION

- What is the ISO protection class \_\_\_\_\_ Distance in miles from nearest fire station \_\_\_\_\_
- Watchman, employee, or owner on premises at night \_\_\_\_\_ yes \_\_\_\_\_ no
- Premises Fenced \_\_\_\_\_ Floodlighted \_\_\_\_\_ Locked nonbusiness hrs \_\_\_\_\_
- How old are the: \_\_\_\_\_ pilings \_\_\_\_\_ dock surface walkways \_\_\_\_\_ dock wiring
- Travel Lift: \_\_\_\_\_ age \_\_\_\_\_ manufacturer \_\_\_\_\_ lift capacity \_\_\_\_\_
- Describe any buildings used to store or repair vessels: \_\_\_\_\_ construction  
\_\_\_\_\_ age \_\_\_\_\_ heat source \_\_\_\_\_ fire protection
- Total number of: \_\_\_\_\_ slips; \_\_\_\_\_ buoys \_\_\_\_\_ Vessels stored ashore \_\_\_\_\_

### 6. EMPLOYEE INFORMATION

Employee Name/Duties                      Drivers Licence Number/State # of years Employed

1.    (Owner)
- 2.
- 3.

Please use reverse if more space needed.      **\*\***(Please indicate designated Travel Lift Operator)  
As part of our underwriting program we will check the driving records of employees and owners.

### 7. LOSS EXPERIENCE

Please list the dollar amount of **ALL LOSSES** (property, workers compensation, general liability and marina operators liability) paid or reserved by any insurance Company during the preceding five years. Please provide the details of each loss.

Signature  
**Applicant** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature  
**Agent or Broker** \_\_\_\_\_ Date \_\_\_\_\_

**Agency  
Name**

**Location**

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