



**Dallas**  
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**hullandco-texas.com**

## 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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