



# HARBORGUARD PROGRAM APPLICATION



PROPERTY



GENERAL  
LIABILITY



MARINA  
OPERATORS



MARINA OPERATORS  
LEGAL LIABILITY



UMBRELLA

## GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_

DBA (If applicable, include DBA or Trade Name): \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

Do you conduct operations under any other Name(s)? ☐ Yes ☐ No , If yes, please list Name(s) on a separate page.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any other Location(s)? ☐ Yes ☐ No If yes, please list Location Address(es) on a separate page.

Business Owner(s): \_\_\_\_\_ Percentage(s) of Ownership: \_\_\_\_\_ %  
 \_\_\_\_\_ %

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Business Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other (Describe): \_\_\_\_\_

Number of years in business under the above name: \_\_\_\_\_

Provide the number of years of marine experience for each: Owner: \_\_\_\_\_ Manager: \_\_\_\_\_

A.If applicable, describe the owner's prior marine experience: \_\_\_\_\_

\_\_\_\_\_

B.If applicable, describe the manager's prior marine experience: \_\_\_\_\_

\_\_\_\_\_

Within the last 10 years, has the Business Owner operated under any other name? ☐ Yes ☐ No

**Do you own any other entities or operate any other businesses? (If yes, answer A-C)** ☐ Yes ☐ No

A.Provide the Business name and describe their operations: \_\_\_\_\_

B.Is this Business still active? ☐ Yes ☐ No

C.If still active, is there separate General Liability insurance in place for such operations? ☐ N/A ☐ Yes ☐ No

### Instructions:

1. **Adobe Reader:** Dpen this PDF in Adobe Reader > fill this form > press submit. <https://get.adobe.com/reader/>.
2. **Chrome:** Fill the form, press ctrl+p > print > save as on desktop > email to Maggie@stuckey.com



# HARBORGUARD PROGRAM APPLICATION

## OPERATIONS

Your premises are located on which body of water? \_\_\_\_\_

Who governs this body of water (e.g. Corp of Engineers, TVA, etc)? \_\_\_\_\_

Are you open for business all 12 months of the year? ☐ Yes ☐ No

If no, when are you open? From: \_\_\_\_\_ To: \_\_\_\_\_

Provide your Total Estimated Annual Gross Sales: \$ \_\_\_\_\_

## REVENUE

Boat Dealers	10101	\$ _____
Boat Storage and Moorage	10105	\$ _____
Boat Yards or Marinas – public	10107	\$ _____
Boat Yards or Marinas – cooperative or common tenant	W6108	\$ _____
Boats – rented to others – NOC	10119	\$ _____
Boat Repair and Servicing	91235	\$ _____
Boat Rental		\$ _____
Other - Fueling Station		\$ _____
Store – food or drink	18435	\$ _____
Store – no food or drink	18437	\$ _____
Restaurants – with no sale of alcoholic beverages – with table service	16900	\$ _____
Restaurants – with no sale of alcoholic beverages – without table service – with seating	16901	\$ _____
Restaurants – with no sale of alcoholic beverages – without seating	16902	\$ _____
Restaurants – with sale of alcoholic beverages that are less than 30% of the annual	16910	\$ _____
Receipts of the restaurant – with seating		\$ _____
Liquor Sales		\$ _____
Catering	11039	\$ _____
Halls	44276	\$ _____
Campgrounds or Recreational Vehicle (RV) Parks	10331	\$ _____
Hotels and Motels – with pools and beaches – less than 4 stories	45190	\$ _____
Hotels and Motels – without pools and beaches – less than 4 stories	45192	\$ _____
Other (Describe):		\$ _____
Other (Describe):		\$ _____



# HARBORGUARD PROGRAM APPLICATION

How many Workboats do you own (i.e. Boats other than those held for rental to others)? \_\_\_\_\_

**Do you lease space in any of your Buildings to others?** If yes, answer A-C. (Attach a separate page if necessary.) ☐ Yes ☐ No

A. Who is the Tenant? \_\_\_\_\_

B. What are the Tenant's operations? \_\_\_\_\_

C. What is the total area of the Building? \_\_\_\_\_ Square Feet

D. Are there any Dwellings located at your site? ☐ Yes ☐ No

If yes, how many of these Dwellings do you own and lease to others? \_\_\_\_\_

**Do you sponsor or run any Special Events?** (If yes, answer A-B.) ☐ Yes ☐ No

A. What type of events? \_\_\_\_\_

B. How many events are held annually? \_\_\_\_\_

**Do you use a Crane/Boat Lift?** (If yes, answer A-I.) ☐ Yes ☐ No

A. Is the Crane/Boat Lift (i.e. including the Slings and Harnesses) inspected and tested prior to use? ☐ Yes ☐ No

B. Is the Crane/Boat Lift located on firm ground? ☐ Yes ☐ No

C. Is the Crane/Boat Lift operated by a properly licensed Employee or Contract Worker? ☐ Yes ☐ No

D. Prior to lifting, does the Boat Owner verify the Boat's weight (i.e. including the tear weight and the total weight) and sign-off on the Work Order? ☐ Yes ☐ No

E. What is the maximum height of any lift? \_\_\_\_\_ Feet

F. How old are your Slings? \_\_\_\_\_ Years Old

G. How old are your Harnesses? \_\_\_\_\_ Years Old

H. Do you use any modified equipment? ☐ Yes ☐ No

If yes, has this equipment been pre-approved in writing by the Manufacturer, or by a nationally recognized testing laboratory, and found to be as safe as the equipment prior to the modification? ☐ Yes ☐ No

I. Do you rent or loan your Crane/Boat Lift to others during the off season? ☐ Yes ☐ No

**Do you provide Pump-out Service?** (If yes, answer A-C.) ☐ Yes ☐ No

A. Do you currently have a Pollution Policy in place? ☐ Yes ☐ No

B. Do you maintain all environmental records in accordance with State and Local Regulations? ☐ Yes ☐ No

C. Do you have a plan in place addressing the handling of environmental spills? ☐ Yes ☐ No





# HARBORGUARD PROGRAM APPLICATION

## Do you operate a Fueling Station? (If yes, answer A-V.)

☐ Yes ☐ No

- A. Do you currently have a Pollution Policy in place? ☐ Yes ☐ No
- B. Have you ever reported a leak, spill, release or discharge? ☐ Yes ☐ No
- C. Have you ever had any violations or have you ever received a notice of a regulatory violation? ☐ Yes ☐ No
- D. Have you ever sustained any pollution-related claims or liability lawsuits or any pollution-related complaints from neighbors? ☐ Yes ☐ No
- E. Are you currently undergoing any type of corrective action or monitoring? ☐ Yes ☐ No
- F. Do you know of any facts or circumstances which may result in a claim for environmental cleanup or response or Bodily Injury or Property Damage, arising from the release of pollutants in the environment? ☐ Yes ☐ No
- G. Are you in compliance with all EPA, Federal, State and Local Safety, Health and Environmental Regulations? ☐ Yes ☐ No
- H. Do you have any plans to remove, replace, upgrade or modify any of your Tanks, Piping or Dispensers? ☐ Yes ☐ No
- I. Is there any indication that any of your Tanks, Piping or Dispensers are leaking, may be leaking or have leaked in the past? ☐ Yes ☐ No
- J. Number of Tanks located at your site: \_\_\_\_\_ Underground \_\_\_\_\_ Aboveground \_\_\_\_\_
- K. What is the age of your oldest Tank? \_\_\_\_\_ Years Old
- L. Describe the Tank's construction: ☐ Coated Bare Steel ☐ Single Wall Corrosion Protected Steel  
☐ Double Wall Corrosion Protected Steel ☐ Single Wall Fiberglass ☐ Double Wall Fiberglass
- M. What is the maximum contents capacity of your largest Tank? \_\_\_\_\_ Gallons and \_\_\_\_\_ Gallons/Compartment
- N. Are all Tanks properly certified with no lapse in certification? ☐ Yes ☐ No
- O. Is inventory control performed daily? ☐ Yes ☐ No
- P. Are all monthly variances of inventory considered within regulatory allowable ranges? ☐ Yes ☐ No
- Q. Are all Tanks and Piping subject to monthly leak detection testing? ☐ Yes ☐ No
- R. What is the age of your oldest Piping? \_\_\_\_\_ Years Old
- S. Are all environmental records maintained according to State and Local Regulations? ☐ Yes ☐ No
- T. Do you have spill containment or overfill protection for your Underground Tanks and a means of containment for your Aboveground Tanks? ☐ Yes ☐ No
- U. Is fueling always performed by an Employee Attendant? ☐ Yes ☐ No  
If no, is an Employee Attendant always on site when fueling is performed by the Boat Operator? ☐ Yes ☐ No
- V. Do you offer 24 hour self-service fueling? ☐ Yes ☐ No

## Do you own any Workboats? (If yes, answer A-B.)

☐ Yes ☐ No

- A. What type of Workboats? \_\_\_\_\_
- B. How are they used? \_\_\_\_\_



# HARBORGUARD PROGRAM APPLICATION

## Do you Rent Boats? (If yes, answer A-K.)

☐ Yes ☐ No

- A. What type of Boats do you rent (e.g. Motorboats, Houseboats, etc)? \_\_\_\_\_
- B. What are your Total Estimated Annual Gross Sales from this operation? \$ \_\_\_\_\_
- C. What is the minimum age requirement for a Renter? \_\_\_\_\_ Years Old
- D. Is each Renter required to sign your Rental Agreement? ☐ Yes ☐ No
- E. Has your Rental Agreement been reviewed by an Attorney? ☐ Yes ☐ No
- F. Do you complete an Inspection Checklist and review it with the Renter prior releasing the Boat? ☐ Yes ☐ No
- G. Are maintenance records maintained and available for review on each Rental Boat? ☐ Yes ☐ No
- H. Do you have guidelines and procedures in place addressing the proper handling of any intoxicated or impaired Renter? ☐ Yes ☐ No
- I. Are properly fitted Life Jackets provided for all parties on each Rental Boat? ☐ Yes ☐ No  
If yes, are all Rental Boat personnel advised to wear them? ☐ Yes ☐ No
- J. At the end of the Rental period, is the Renter asked if there were any incidences? ☐ Yes ☐ No  
If yes, is this information recorded on the Rental Agreement? ☐ Yes ☐ No
- K. Do you offer overnight Rentals (i.e. other than for Houseboats) or ocean bound Rentals? ☐ Yes ☐ No

## Do you operate a Campground or a Recreation Vehicle (RV) Park? (If yes, answer A-F.)

☐ Yes ☐ No

- A. How many sites do you own? \_\_\_\_\_
- B. Are Maintenance records maintained for all rental units? ☐ Yes ☐ No
- C. Is drinking water obtained from a non-public water source? ☐ Yes ☐ No  
If yes, is it tested at least semi-annually? ☐ Yes ☐ No
- D. Is emergency lighting provided in each guest room and common hallway? ☐ Yes ☐ No
- E. Are your park rules posted and listed in your Guest Registration Form? ☐ Yes ☐ No
- F. Are speed limits posted? ☐ Yes ☐ No

## Do you operate a Hotel or Motel? (If yes, answer A-C.)

☐ Yes ☐ No

- A. How many guest rooms do you have? \_\_\_\_\_
- B. Is emergency lighting provided in each guest room and common hallway? ☐ Yes ☐ No
- C. Are your park rules posted and listed in your Guest Registration Form? ☐ Yes ☐ No



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## Are there any Swimming Facilities located at your site? (If yes, answer A-L)

☐ Yes ☐ No

- A. How many months a year are they open for use? \_\_\_\_\_ Months
- B. What type (e.g. Pool, Beach, etc)? \_\_\_\_\_
- C. Is access limited to your Tenants/Members and their guest? ☐ Yes ☐ No
- D. Do you require a Parent or Legal Guardian to accompany anyone under the age of 12? ☐ Yes ☐ No
- E. Is your Pool in compliance with the Virginia Graeme Baker Pool and Spa Safety Act as well as any other Local Codes and Ordinances? ☐ Yes ☐ No
- F. Are there any Diving Boards or Pool Slides? ☐ Yes ☐ No
- G. Is the entire Pool area completely fenced with a self-closing and self-latching gate? ☐ Yes ☐ No
- H. Are safety rules posted at all entrances and around the swimming area? ☐ Yes ☐ No
- I. Are "Swim at your own risk" signs clearly visible throughout the swimming area? ☐ Yes ☐ No
- J. Are water depths clearly marked on the top and inside the Pool? ☐ Yes ☐ No
- K. Do you have rescue and first aid equipment located at the swimming area? ☐ Yes ☐ No
- L. Do you maintain written documentation of water testing and system maintenance? ☐ Yes ☐ No

## Do you offer Boat Storage? (If yes, answer A-C)

☐ Yes ☐ No

- A. If your operations include Boat Storage, do your Boat Storage Agreements include a spot for the Customer to sign-off on existing damage? ☐ Yes ☐ No
- B. If your operations include Slip Rental, do you obtain a Certificate of Insurance from each Renter evidencing Boat Liability and Physical Damage coverage? ☐ Yes ☐ No
- C. If yes, are all Certificates of Insurance retained for at least 5 years? ☐ Yes ☐ No

## Do you hire Subcontractors and/or use outside Vendors? (If yes, answer A-I)

☐ Yes ☐ No

- A. Do you obtain a Certificate of Insurance from each Subcontractor/Vendor evidencing General Liability Limits equal to, or greater than, your own General Liability Limits? ☐ Yes ☐ No
- B. Are you added onto each Subcontractor's/Vendor's General Liability Policy as an Additional Insured? ☐ Yes ☐ No
- C. Are you held harmless by each Subcontractor/Vendor? ☐ Yes ☐ No
- D. Do you retain all Certificates of Insurance for at least 5 years? ☐ Yes ☐ No
- E. Do you have procedures in place for incident and claim reporting? ☐ Yes ☐ No
- F. Have you, or has anyone with a financial interest in the property, been convicted of arson, fraud, or other crime related to loss of property owned now or during the last 5 years? ☐ Yes ☐ No
- G. Have you ever been involved in any foreclosure, repossession or bankruptcy proceedings? ☐ Yes ☐ No
- H. Within the last 3 years, have you been fined or closed due to Department of Health or Fire Department Safety Code Violations? ☐ Yes ☐ No
- I. Do you currently have a Commercial Auto Policy in place? ☐ Yes ☐ No





# HARBORGUARD PROGRAM APPLICATION

## Are you located in an area that is prone to freezing? (If yes, answer A-C.)

☐ Yes ☐ No

A. Do you use Water Circulation Pumps (or other devices used to prevent freezing)?

☐ Yes ☐ No

B. Do you have a written plan in place to address the removal of snow/ice from Docks and Dock Canopies?

☐ Yes ☐ No

C. Do you document and maintain records evidencing your snow/ice removal plan?

☐ Yes ☐ No

D. Are Customers prohibited from using grills or other open flames on the Dock?

☐ Yes ☐ No

E. Does fire protection throughout your premises meet, or exceed, NFPA guidelines?

☐ Yes ☐ No

F. Are all flammables, combustibles and other hazardous materials properly stored, handled and disposed of according to EPA standards

☐ Yes ☐ No

G. If your operations include Boat Storage, do your Boat Storage Agreements include a spot for the Customer to sign-off on existing damage?

☐ Yes ☐ No

H. If your operations include Slip Rental, do you obtain a Certificate of Insurance from each Renter evidencing Boat Liability and Physical Damage coverage?

☐ Yes ☐ No

If yes, are all Certificates of Insurance retained for at least 5 years?

☐ Yes ☐ No

## Do you sell/serve Liquor? (If yes, answer A-D.)

☐ Yes ☐ No

A. Has your Liquor License been revoked within the last 10 years?

☐ Yes ☐ No

B. Has your Liquor License been suspended within the last 5 years?

☐ Yes ☐ No

C. Do you have a TIPS Program (or equivalent alcoholic awareness training program) in place?

☐ Yes ☐ No

D. Do you have procedures in place to regulate the sale of Liquor to intoxicated Customers and Minors?

☐ Yes ☐ No

## RISK MANAGEMENT

### Is a License required to operate in your State? (If yes, answer A-C.)

☐ Yes ☐ No

A. What kind of License(s)? \_\_\_\_\_

B. What is/are your License number(s)? \_\_\_\_\_

C. Within the last 10 years, has any License been suspended and/or revoked?

☐ Yes ☐ No

D. Describe the Owner's involvement in the daily operations: \_\_\_\_\_

E. Describe the Manager's involvement in the daily operations: \_\_\_\_\_

F. Is the Owner and/or Manager on site during business hours?

☐ Yes ☐ No

G. Are daily premises inspections completed?

☐ Yes ☐ No

H. Are daily lockup procedures in place?

☐ Yes ☐ No

I. What steps are taken to protect your premises from theft? \_\_\_\_\_



# HARBORGUARD PROGRAM APPLICATION

## LAND BASED PROPERTY COVERAGE

Please describe each Land Based Building located at your premises:

	Building 1	Building 2	Building 3	Building 4	Building 5
Occupancy Description (e.g. Office, Repair Shop, Store, Restaurant, Cabin, etc...)					
Building Construction Type (e.g. Frame, Joisted-masonry, Non-combustible, Masonry Non-combustible or Fire Resistive)					
Building Age					
Total Square Footage					
Number of Stories					
Distance to Closest Owned Building					
Protection Class (e.g. 1 -10)					
Distance to nearest Fire Hydrant?					
Distance to nearest Fire Department?					
Operational Central Station Burglary Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Burglary Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Central Station Fire Suppression (Sprinkler) System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Fire Suppression (Sprinkler) System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Central Station Fire Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Fire Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recently (i.e. within 12 months) tagged or purchased Fire Extinguisher(s) located on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any **Land Based Building** listed above is over 30 years old, please provide the date of the most recent update(s):

	Building 1	Building 2	Building 3	Building 4	Building 5
Date of Most Recent Roofing Update					
Date of Most Recent Electrical Update					
Date of Most Recent Plumbing Update					
Date of Most Recent Heating Update					

Please list your desired Limit(s) for all desired Coverage(s) for each **Land Based Building** located at your premises:

	Building 1	Building 2	Building 3	Building 4	Building 5
Building	\$	\$	\$	\$	\$
Business Personal Property	\$	\$	\$	\$	\$
Business Income	\$	\$	\$	\$	\$





# HARBORGUARD PROGRAM APPLICATION

## FLOATING PROPERTY

Please describe your **Floating Property**:

	Dock/Bldg 1	Dock/Bldg 2	Dock/Bldg 3	Dock/Bldg 4	Dock/Bldg 5
Dock Name, Letter or Number					
Description (e.g. Dock, Store, Restaurant, Cabin, etc...)					
Dock Construction Type (e.g. Wood or Steel)					
Age					
Number of Slips					
Are your Docks covered (i.e. with roofs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Located on a waterway that is subject to tides and/or rising water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spud Pole construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recently (i.e. within 12 months) tagged or purchased Fire Extinguisher(s) located on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list your desired Limit(s) for your **Floating Property**:

	Dock/Bldg 1	Dock/Bldg 2	Dock/Bldg 3	Dock/Bldg 4	Dock/Bldg 5
Building	\$	\$	\$	\$	\$
Business Personal Property	\$	\$	\$	\$	\$
Business Income	\$	\$	\$	\$	\$

## OWNED VESSELS / WATERCRAFT

Please list each of your **Vessels/Watercraft**:

	HP	Year	Manufacturer	Model	Serial Number	Limit
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$
9.						\$
10.						\$
11.						\$
12.						\$



# HARBORGUARD PROGRAM APPLICATION

## BOAT DEALERS INVENTORY

Please provide your **Boat Inventory** Limits for this location (do not include the Vessels/Watercraft listed above):

Maximum Limit Per Vessel/Watercraft	Maximum Limit at Premises	Average Inventory Amount
\$ _____	\$ _____	\$ _____

What percentage of your **Boat Inventory** is:

Owned by you? \_\_\_\_\_ % Held on consignment for the Manufacturer? \_\_\_\_\_ %

## MISCELLANEOUS PROPERTY

	Year	Manufacturer	Model	Serial Number	Limit
1.					\$ _____
2.					\$ _____
3.					\$ _____
4.					\$ _____
5.					\$ _____
6.					\$ _____
7.					\$ _____
8.					\$ _____
9.					\$ _____
10.					\$ _____
11.					\$ _____
12.					\$ _____
13.					\$ _____
14.					\$ _____
15.					\$ _____
16.					\$ _____

## PRIOR INSURANCE

Provide Insurance Company Names as well as your Limits, Deductibles and Premiums for the last 5 years:

Year	Carrier	GL Limits	GL Ded	Premium	Prop Limits	Prop Ded
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

In the last 5 years, has your insurance been Declined, Cancelled or Non-renewed?

☐ Yes ☐ No

If yes, please explain why: \_\_\_\_\_



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## PRIOR PROPERTY INSURANCE

Provide Insurance Company Names as well as your Limits, Deductibles and Premiums for the last 5 years:

Year	Property Insurance Company Name	Property Limit	Property Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

In the last 5 years, has your insurance been Declined, Cancelled or Non-renewed?

☐ Yes ☐ No

If yes, please explain why: \_\_\_\_\_

## CLAIM HISTORY

Provide details for the last 5 years - if none, please state "none":

Date of Loss	Description of Loss	Open / Closed?	Total Incurred
			\$
			\$
			\$
			\$
			\$

**PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING ITEMS:**

1. YOUR BOAT RENTAL AGREEMENT (IF APPLICABLE).
2. YOUR SLIP RENTAL AGREEMENT (IF APPLICABLE).
3. 5 YEAR CURRENTLY VALUED INSURANCE CARRIER LOSS RUNS FOR EACH LINE OF REQUESTED COVERAGE (REQUIRED ONLY FOR NEW BUSINESS QUOTES).

**ANY POLICY QUOTED MAY BE SUBJECT TO A MINIMUM POLICY PREMIUM.**

### Applicant and Producer Signatures

**APPLICANT:** I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL ONLY PROVIDE INSURANCE FOR MARINA OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM.

**FRAUD WARNING:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Producer's Name: \_\_\_\_\_