

BOATS YACHTS CHARTER BOATS

MARINA'S

COMMERCIAL VESSELS

BOAT DEALERS

CONDOMINIUMS

CONTRACTORS

COMMERCIAL MARINE QUESTIONNAIRE

Business Name: _____ Contact Name: _____

Mailing Address: _____ Year Established: _____

City: _____ Country: _____ Zip: _____ Phone: _____

Business Email Address: _____ Fax: _____

Nature of Business:

____ Marina _____ Boatominium _____ Resort Condominium Assoc

____ Dry Land Boat Dealer _____ Slip Owners Association

____ Marine Contractor _____ Developer

What Is Your Annual Gross Receipts

____ \$0 - \$300,000 _____ \$300,000 - \$700,000 _____ \$700,000 - \$1,000,000

____ \$1,000,000 - \$2,500,000

Any Significant Losses or Claims In The Past (5) Years? _____ Yes _____ No If Yes, Describe

Who Is Your Current Insurer? _____ Expiration Date of Coverage: _____

Do You Own or Lease the Property _____ Own _____ Lease

If You Own The Property, What Is The Value of All Real Property? (Buildings, Docks, Piers)

____ Under \$100,000 _____ \$100,000 - \$250,000 _____ \$250,000 - \$500,000

____ \$500,000 - \$1,000,000 _____ \$1,000,000 and Above

Brief description of all your operations, as example: Fueling, Boat Sales, Dry Stacks

Email To: marineinsurance@earthlink.net