Atlantic Casualty
INSURANCE COMPANY™

Marine – Vessel Storage and Moorage Supplemental
(To be submitted with ACORD Applications)

APPLICANT GENERAL INFORMATION	
Applicant:	
Mailing Address:	
City, State & Zip Code:	
Website Address:	

Length of time in business:	Years Months	Proposed effective date:
Survey Contact / Phone #:		

☐ Individual   ☐ Partnership   ☐ Corporation   ☐ Other:

Annual Gross Receipts:	$

List and describe any business owned, operated or managed by the applicant, including any Lessor's Risks:

Is the applicant a subsidiary of any other entity and/or does the applicant have any subsidiaries?   ☐ No ☐ Yes

PRODUCER INFORMATION	
Agency:	
Mailing Address:	
City, State & Zip Code:	

Auto-Owner's Agent?	☐ No ☐ Yes	Auto-Owner's Agent #:

LOCATION GENERAL INFORMATION	
Address:	
1.	
2.	
3.	

	Locations		
	1	2	3
1. Completely fenced (6' + high) and floodlighted?			
2. Paid or volunteer local fire protection?			
3. Distance from local fire department station:			
4. Public fire hydrants (number and distance):			
5. Automatic Burglary Alarm System that signals to a Central Station or police station?			
6. Watchman service after business hours?			

COVERAGE REQUESTED	
☐ General Liability	☐ Property
Limits:	☐ Docks, Piers, Seawalls, Bulkheads, Moorings & Wharves
☐ Marina Operator Legal Liability	☐ Inland Marine

WET SLIP & MOORING OPERATIONS DETAILS ☐ N/A

		Locations		
		1	2	3
1.	Total number of slips available for rent:			
2.	Total number of buoys available for rent:			
3.	Total number of slips *not* available for rent:			
4.	Total number of buoys *not* available for rent:			
5.	Average total value of all vessels moored:	$	$	$
6.	Maximum total value of all vessels moored:	$	$	$
7.	Total number of slips under a common roof:			
8.	Any live-aboard vessel tenants?			

DRY STORAGE OPERATIONS DETAILS ☐ N/A

		Locations		
		1	2	3
1.	Maximum number of vessels stored at any one time:			
2.	Number of vessels stored in summer:			
3.	Number of vessels stored in winter:			
4.	Average total value of all vessels stored:	$	$	$
5.	Maximum total value of all vessels stored:	$	$	$
6.	Total number of vessels stored inside a building on rack:			
6a.	Maximum number of levels high vessels stored inside a building on racks:			
7.	Total number of vessels stored inside a building *not* on racks:			
8.	Is there a sprinkler system inside the vessels storage building?			
8a.	Is each individual vessel storage space/pod sprinklered?			
9.	Are there any repair operations performed inside the vessel storage building?			
10.	Total number of vessels stored outside on their own trailers?			
11.	Total number of vessels stored outside on racks:			
11a.	Maximum number of levels high vessels stored outside a building on racks:			
12.	Total number of vessels stored outside on jack stands:			

HAULING AND LAUNCHING ☐ N/A

		Locations		
		1	2	3
1.	Number of boat ramps:			
2.	Are the boat ramps open to the public?			
3.	Are boat ramps open during between sunset and sunrise?			
3a.	Are the boat ramps and parking area properly and adequately lighted?			
4.	Maximum number for vessel trailers & tow vehicles that can be parked at premises at any one time:			
5.	Ramp surface: gravel, dirt, sand, concrete, other?			

		PROPERTY SECTION	☐ N/A

Location No.: _____   **Building No.:** _____   ☐ On A Dock ☐ On A Pier ☐ On A Wharf

Subject of Insurance	Limit	Valuation	Coinsurance	Deductible
Building:	$ _____	☐ ACV ☐ RC	☐ 80% ☐ 90%	$ _____
Contents:	$ _____	☐ ACV ☐ RC	☐ 80% ☐ 90%	$ _____
Other:	$ _____	☐ ACV ☐ RC	☐ 80% ☐ 90%	$ _____
	$ _____	☐ ACV ☐ RC	☐ 80% ☐ 90%	$ _____

Year Built: _____   How is this building used by the applicant (insured)? _____

Construction Type: _____   **Protection Class:** _____

Total Area: _____   **No. of Stories:** _____

Building Improvements: _____   **Other Occupancies:** _____

Updates:

Wiring Updated (year): _____   **Heating Updated (year):** _____

Roofing Updated (year): _____   **Plumbing Updated (year):** _____

Burglar Alarm: ☐ No ☐ Local ☐ CSA   **Sprinklered:** ☐ No ☐ Yes -   **Type:** _____

Fire Alarm: ☐ No ☐ Local ☐ CSA

	Limit	Coinsurance	*Or*	Monthly Limit of Indemnity
Business Interruption:	$ _____	☐ 80% ☐ 90%		_____

Location No.: _____   **Building No.:** _____   ☐ On A Dock ☐ On A Pier ☐ On A Wharf

Subject of Insurance	Limit	Valuation	Coinsurance	Deductible
Building:	$ _____	☐ ACV ☐ RC	☐ 80% ☐ 90%	$ _____
Contents:	$ _____	☐ ACV ☐ RC	☐ 80% ☐ 90%	$ _____
Other:	$ _____	☐ ACV ☐ RC	☐ 80% ☐ 90%	$ _____
	$ _____	☐ ACV ☐ RC	☐ 80% ☐ 90%	$ _____

Year Built: _____   How is this building used by the applicant (insured)? _____

Construction Type: _____   **Protection Class:** _____

Total Area: _____   **No. of Stories:** _____

Building Improvements: _____   **Other Occupancies:** _____

Updates:

Wiring Updated (year): _____   **Heating Updated (year):** _____

Roofing Updated (year): _____   **Plumbing Updated (year):** _____

Burglar Alarm: ☐ No ☐ Local ☐ CSA   **Sprinklered:** ☐ No ☐ Yes -   **Type:** _____

Fire Alarm: ☐ No ☐ Local ☐ CSA

	Limit	Coinsurance	*Or*	Monthly Limit of Indemnity
Business Interruption:	$ _____	☐ 80% ☐ 90%		_____

DOCKS, PIERS, SEAWALLS, BULKHEADS, MOORINGS & WHARVES SECTION			
(Must Provide A Diagram of the On-Water Property)			

DOCKS ☐ N/A	Locations		
FLOATING DOCKS	1	2	3
1. Total number of floating docks:			
1a. Total number of open slips:			
1b. Total number of slips under a common roof:			
1c. Indicate type of construction for floating docks:			
1d. Indicate type of floatation devices / material:			
1e. Age of the pilings for floating docks:			
1f. Age of the surface walkways of floating docks:			
1g. Age of common roof of floating docks:			
1h. Age of the wiring of floating docks:			
1i. Age of plumbing of floating docks:			
1j. Age of common roof of floating docks:			
1k. Total insured value for the floating docks:	$	$	$
1l. Total insured value for the electrical on the docks:	$	$	$
1m. Total insured value for the plumbing on the docks:	$	$	$
1n. Any fueling operations on floating docks:			
FIXED DOCKS	1	2	3
2. Total number of fixed docks:			
2a. Total number of open slips:			
2b. Total number of slips under a common roof:			
2c. Indicate type of construction for fixed docks:			
2d. Age of pilings of fixed docks:			
2e. Age of surface walkways of fixed docks:			
2f. Age of common roof of fixed docks:			
2g. Age of wiring of fixed docks:			
2h. Age of plumbing of fixed docks			
2i. Age of common roof of fixed docks:			
2j. Total insured value for the fixed docks:	$	$	$
2k. Total insured value for the electrical on the docks:	$	$	$
2l. Total insured value for the plumbing on the docks:	$	$	$
2m. Any fueling operations on fixed docks:			

INLAND MARINE SECTION			☐ N/A	
Loc. No.	Description	Serial No.	Limit	Deductible
			$	$
	Valuation: ☐ ACV ☐ RC	Coinsurance: ☐ 80% ☐ 90%		
			$	$
	Valuation: ☐ ACV ☐ RC	Coinsurance: ☐ 80% ☐ 90%		
			$	$
	Valuation: ☐ ACV ☐ RC	Coinsurance: ☐ 80% ☐ 90%		

FOR ALL SECTIONS			
Name of Current & Prior Carriers	Expiring Premium	Policy Expiration Date	Coverage Afforded
	$		
	$		
	$		
	$		
	$		

Any policy of coverage declined, cancelled or non-renewed during the prior 3 years? ☐ No ☐ Yes

   If "Yes", please explain: _____

Has the applicant (insured) ever declared bankruptcy? ☐ No ☐ Yes

   If "Yes", please explain: _____

Any losses in the past 5 years? ☐ No ☐ Yes   If "Yes", advise to the following:

Claim Details (date; cause; open or closed; etc.)	Amount Paid / Amount In Reserve
1.	$
2.	$
3.	$
4.	$
5.	$

Applicant's (Insured's) Signature	Printed Name	Title	Date

Agent's Signature	Printed Name	Title	Date