

NATIONAL MARINA PROGRAM

SUPPLEMENTAL APPLICATION

A) NON-OWNED/HIRED AUTOMOBILE COVERAGE

- 1) Does Applicant:
- | | |
|--|--|
| Allow any use of personal vehicles for business use? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Allow it only infrequently? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Usually utilize the same drivers/officers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Check MVR's annually for employees who do use their personal vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Require management to approve vehicle use? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Require personal insurance to be in effect? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", is evidence of this insurance kept by the Insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", what limits are required? \$ _____ | |
- 2) Number of employees: _____
- 3) Number of underage drivers: _____

B) EMPLOYEE BENEFITS LIABILITY COVERAGE

- 1) Limits of Insurance:
- \$ _____ Each employee; \$ _____ Aggregate. (\$300,000. Maximum)
- Deductible \$1,000.
- 2) Employee Benefit Programs which are automatically covered without being specifically listed: group life insurance, group accident or health insurance, profit sharing plans, pension plans, stock subscription plans, unemployment insurance, social security benefits, workers' compensation and disability benefits.
- List any other types of plans for which coverage is desired:
- _____
- _____
- 3) Underwriting information:
- a) Number of employees _____.
- b) Retroactive Date: _____.
- c) Number covered by Employee Benefits Plans _____.
- d) Does applicant maintain a department or unit to (a) administer Employee Benefits Programs, (b) answer questions and advise employees concerning the Employee Benefits Program Yes No.
If "Yes", number of employees in department or unit _____.
- e) On programs permitting employees an option to enroll or not to enroll, does the applicant require a signed acceptance or rejection from each employee? Yes No

- f) If applicant's Employee Pension Plan and/or Profit Sharing Plan is/are funded with a financial institution, provide details regarding its administration.

- g) If this insurance has been in force during the past 5 years, would any claim have been presented? (Give details.)

- h) Does the applicant have knowledge or information of any occurrence which might give rise to a claim? (Give details.)

C) FALSE PRETENSE

Limit of Insurance: \$25,000 \$50,000

Describe all customer screening practices (identification check, credit check, title check on used boats and trade-ins, loan verification, etc.):

Does salesman accompany all potential customers on all test drives? {} Yes {} No

D) TRUTH IN LENDING ACT LIABILITY COVERAGE

Limit of Insurance: \$25,000 \$50,000 \$100,000 \$300,000

- 1) Does dealer monitor odometer reading at time of purchase or sale? {} Yes {} No
- 2) Does dealer have written procedures for handling credit disclosures with specific individuals trained to handle/oversee credit applications to ensure compliance with Federal/State Consumer Credit Laws/Regulations? {} Yes {} No

E) TITLE ERROR AND OMISSIONS COVERAGE

Limit of Insurance: \$25,000 \$50,000 \$100,000

- 1) Does dealer have written procedure for handling titles including listing proper loss payees? {} Yes {} No

F) EMPLOYEE DISHONESTY

Limit of Insurance: \$25,000 \$50,000

Blanket Schedule

Deductible Requested: \$250 \$500 \$1,000

- 1) Total number of employees, including owners and partners _____

- 2) Total number of owners, partners and corporate officers _____
- 3) Total number of cashiers/bookkeepers/clerks/salesmen _____
- 4) Are references required on newly hired employees? Yes No
- 5) Is there an audit by? CPA Public Accountant Staff Other
- 6) Audit frequency? Annual Semi-Annual Quarterly Other
- 7) Does audit include inventory? Yes No
- 8) Audit report is rendered to: Owner Partners Board of Directors Other
- 9) Does someone not authorized to deposit or withdraw reconcile bank accounts? Yes No
- 10) Is countersignature of checks required? If not, who signs? Yes No
- 11) Will securities be subject to joint control of two or more responsible employees? Yes No
- 12) Are all officers and employees required to take annual vacations of at least five consecutive business days? Yes No

FOR ALL SECTIONS

Loss Record: List all claims incurred during the past five years from operations covered by this supplemental application, including date, cause, amount paid or estimated amount, if claim not settled. If none, state "none."

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Date _____ 20 _____ _____
Signature of Applicant