

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706

**MARINA OPERATOR'S SUPPLEMENT**

Name Insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_

**GENERAL INFORMATION**

Location: \_\_\_\_\_  
Principals' Involved: \_\_\_\_\_  
Limits Required: \_\_\_\_\_ P & I: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Prior Carrier: \_\_\_\_\_ Prior Premium: \_\_\_\_\_  
How long in Business? \_\_\_\_\_

Do you rent vessels?  Yes  No  
If yes, what type? \_\_\_\_\_  
Do you rent Jet Skis, Water bikes, Seadoos, etc?  Yes  No  
If yes, what type? \_\_\_\_\_

**PRIOR CARRIER & LOSS INFORMATION:**

(Please provide a loss statement from your present carrier for the last 3 years. If new operation for period of time in business also, include premium paid for same period).

Year From	To	# of Losses	Total Paid Losses	Carrier	Premium	Limit	Deductible

For each claim in excess of \$1,000 describe: (attach sheet with further details if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE – MARINA OPERATOR'S LEGAL LIABILITY**

<u>Item</u>	<u>Receipts</u>
Slip Rental No. of Slips _____	\$ _____
Boat Storage No. of Boats Inside _____ Outside _____	\$ _____
Boat Repair, Alterations, Maintenance	\$ _____
Ship Stores	\$ _____
Fuel Sales	\$ _____
Boat Rental (Scheduled ONLY with ID's)	\$ _____
Gross Boat Sales	\$ _____
Miscellaneous	\$ _____
Describe (Example – Restaurant, etc.) _____	_____

**SCHEDULE – MARINA OPERATOR’S PROPERTY**

<u>Value</u>	<u>Building Value</u>	<u>Contents</u>
Dry Storage	\$ _____	\$ _____
Repair	\$ _____	\$ _____
Docks, Wharfs, Piers	\$ _____	\$ _____
Ship Stores	\$ _____	\$ _____
Restaurant	\$ _____	\$ _____
Other Structures on Premises (Describe)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Values	\$ _____	\$ _____

Property Application Must Accompany this Section

**SCHEDULE – BOAT DEALERS FORM**

Annual Boat Sales	\$ _____
Maximum Value any one Vessel	\$ _____
Average Monthly Value	\$ _____

I hereby certify that the information provided herein is true and correct. I understand this information will become a part of the policy and that any misrepresentation of the facts provided herein may cause the policy to be cancelled or coverage to be denied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date Signed