



## SAILING SCHOOL APPLICATION

Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Actual Location: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

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

Contact Person Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounting Record Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Effective date of present insurance: \_\_\_\_\_

Interest of Applicant in premises: Owner  Lessee  Other  \_\_\_\_\_

If the school leases the premises, from whom? \_\_\_\_\_

Are certificates of insurance required? Yes  No

If so, to whom? \_\_\_\_\_

Does the school own any boilers? Yes  No  Values of machines/boilers \$ \_\_\_\_\_

Do they currently have jurisdictional inspections? Yes  No

Are you incorporated? Yes  No  Are you a non-profit organization? Yes  No

Number of years in business: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Member US SAILING? Yes  No  US SAILING Membership Number: \_\_\_\_\_

*(US SAILING membership is mandatory in order to purchase this coverage)*

Is the school open year round? Yes  No  If not, indicate when used \_\_\_\_\_

How many students in the school? \_\_\_\_\_

Location: Ocean  Inland River  Coastal River  Bay  Canal/Waterway  Lake

### General Information:

		Yes	No
1.	Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Any medical facilities provided or doctors employed/contracted?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Any policy coverage declined, cancelled or non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:



**PROPERTY SECTION**

Does the school lease or own property? Yes  No  *If No, proceed to next page.*

Number of Property Locations to be covered? \_\_\_\_\_

Location #1: Classroom Building

Construction: Frame  Masonry  Other  \_\_\_\_\_ Distance to water \_\_\_\_\_

Year Built: \_\_\_\_\_ # Stories: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Basement: Yes  No

Distance to Fire Dept. \_\_\_\_\_ Distance to Hydrant \_\_\_\_\_

Is building sprinklered? Yes  No  If yes, Central Station  Local Gong

Does building have burglar alarm? Yes  No  If yes, Central Station  With Keys

Burglar alarm type: \_\_\_\_\_

Burglar alarm installed and serviced by: \_\_\_\_\_

# of Guards/Watchmen: \_\_\_\_\_

Are Blanket Limits Requested?\* Yes  No  Blanket Limit: \$ \_\_\_\_\_

Replacement cost of Building \$ \_\_\_\_\_

Value of Personal Property \$ \_\_\_\_\_

Property Deductible desired \$ \_\_\_\_\_

Agreed Value\*: Yes  No

*\*If yes to Agreed Value or Blanket Limits, we need current Signed Statement of Values and B.I. Worksheet*

Mortgagees:

Loss Payees:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

With Regards to: \_\_\_\_\_

Additional Buildings for Location #1 (buildings #2 to #5):

	Building #2	Building #3	Building #4	Building #5
Description				
Construction				
Year Built				
Square Feet				
# of Stories				
Sprinklered (C/S = Central Station)	Yes <input type="checkbox"/> No <input type="checkbox"/> C/S <input type="checkbox"/> Local <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> C/S <input type="checkbox"/> Local <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> C/S <input type="checkbox"/> Local <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> C/S <input type="checkbox"/> Local <input type="checkbox"/>
Burglar Alarm (C/S = Central Station)	Yes <input type="checkbox"/> No <input type="checkbox"/> C/S <input type="checkbox"/> Local <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> C/S <input type="checkbox"/> Local <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> C/S <input type="checkbox"/> Local <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> C/S <input type="checkbox"/> Local <input type="checkbox"/>
Bldg Replacement Cost				
Personal Property				
Deductible				
Agreed Value	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"/>

Loss of Income Coverage? Yes  No

Coinsurance: % \_\_\_\_\_

*If yes, limit desired for each building:*

Building #1	Building #2	Building #3	Building #4	Building #5
\$	\$	\$	\$	\$

Additional property coverages needed:

Coverage:	Limit:	Deductible:



## GENERAL LIABILITY SECTION

General Liability Limits are \$1,000,000 each occurrence / \$2,000,000 general aggregate

Does the school have a classroom area? Yes  No  If yes, Square Footage \_\_\_\_\_

Does the school allow boat storage on land? Yes  No  If yes, Total Receipts \$ \_\_\_\_\_

Does the school perform any boat repair for a fee? Yes  No  If yes, Total Receipts \$ \_\_\_\_\_

Does the school have a retail store? Yes  No  If yes, Total Receipts \$ \_\_\_\_\_

Please provide breakdown of receipts (i.e. sale of boats, clothing, etc.) (Receipts must only total 10% of total sailing instruction receipts.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Boat Rentals:**

Does the school rent boats? Yes  No  If yes, Total Receipts \$ \_\_\_\_\_

*If yes, please attach a copy of rental agreement.*

What is the screening process (i.e. ability to operate, licensed, etc.)? \_\_\_\_\_

*Please attach a copy of screening process.*

Is Employee Benefits Liability coverage desired? Yes  No  If yes, # of employees: \_\_\_\_\_

Describe any activities of the school not previously mentioned (ie boat building, marine education, charter of vessels, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Boat Charters:**

Does the school allow charter of owned vessels? Yes  No

If yes, do they allow overnight chartering? Yes  No

To what locations? \_\_\_\_\_

Is a school employee on board during the entire duration of charter? \_\_\_\_\_

Describe screening process of charter customers: \_\_\_\_\_

*Please attach a copy of screening process.*

*Please attach a copy of charter agreement and resume requirements.*

## AUTOMOBILE/TRAILER SECTION

Does the school lease or own vehicles or trailers? Yes  No  If No, proceed to next page.

If no, hired and non-owned auto liability will be included.

If yes, what is the federal employee identification number (FEIN): \_\_\_\_\_

If yes, list vehicles, trailers, and usage:

VEH #	Year	Make/Model	Garage location City/State	Weight	Cost New	VIN #
1.						
2.						
3.						
4.						
5.						

Describe usage of vehicles/trailers:

\_\_\_\_\_

\_\_\_\_\_

Deductibles desired: Comprehensive \$ \_\_\_\_\_ Collision \$ \_\_\_\_\_

Is full-glass protection desired on vehicles? Yes  No

Drivers' List (At least one driver is required)

Name:	Date of Birth:	Drivers License #:	State Licensed:

General Information:

		Yes	No
1.	With the exception of encumbrances, are any vehicles not solely owned by and registered to the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a vehicle maintenance program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Any vehicles used by family members? If yes, please identify in remarks	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the applicant obtain MVR verifications?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the applicant have a specific driver recruiting method?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are any drivers not covered by workers compensation?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

## WORKERS COMPENSATION SECTION

Is Workers Compensation coverage desired? Yes  No  *If No, proceed to next section.*

How many employees are there? \_\_\_\_\_ Unemployment ID Number/TIN #: \_\_\_\_\_

Experience Modification: \_\_\_\_\_

How many full time employees? \_\_\_\_\_ What are their duties? \_\_\_\_\_

How many part time/seasonal employees? \_\_\_\_\_ What are their duties? \_\_\_\_\_

Limits: \$500k/\$500k/\$500k Increased limits? Yes  No  Limits: \_\_\_\_\_

State	Loc #	Class Code	Categories, duties, classifications	No of Employees	Estimated Annual Payroll
		9060	Club – country, golf, fishing or yacht - & clerical		

Do you use the services of independent contractors or subcontractors? Yes  No

If Yes, payroll or cost: \$ \_\_\_\_\_

*Please note, charges may apply for payroll to contractors if no proof of Workers Compensation is available for those individuals.*

## CRIME SECTION

Is Employee Dishonesty or Money & Securities Coverages desired? Yes  No  *If No, proceed to next section.*

If yes, what limits and deductibles?

Employee Dishonesty \$ \_\_\_\_\_

Depositors Forgery \$ \_\_\_\_\_

Money & Securities \$ \_\_\_\_\_

How many employees handle money, and what is job description: \_\_\_\_\_

Is there an audit by: CPA  Public Accountant  Staff  Other: \_\_\_\_\_

Audit frequency: Annual  Semi-Annual  Quarterly  Other: \_\_\_\_\_

Does audit include inventory? Yes  No

Audit report is rendered to: Owner  Partners  Board of Directors  Other: \_\_\_\_\_

Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes  No

Is countersignature of checks required? Yes  No  Over what limit? \$ \_\_\_\_\_

## UMBRELLA SECTION

Is an Umbrella liability quote desired? Yes  No  *If No, proceed to next page.*

If yes, what limit? \$ \_\_\_\_\_

Is Umbrella liability currently carried? Yes  No  If yes, Current limit: \$ \_\_\_\_\_



## MARINE LIABILITY SECTION

Crew Members? Yes  No  How many? \_\_\_\_\_ Full or Part time? \_\_\_\_\_  
 Sailing Instruction? Yes  No  If yes, please complete page 8

Does the organization own or lease piers and docks? Yes  No  If yes, please complete page 7  
 Does the organization own or lease moorings? Yes  No  If yes, how many? \_\_\_\_\_  
 Average value of boats at moorings? \$ \_\_\_\_\_

Does the organization own/lease boats? Yes  No   
 Number of sailboats: \_\_\_\_\_ Usage: \_\_\_\_\_  
 Number of powerboats: \_\_\_\_\_ Usage: \_\_\_\_\_

For each boat, please indicate the below information. *Attach spreadsheet/schedule if necessary, a template can be found on the Gowrie.com website on the Burgee Application page.*

Power or Sail	Year	Make	Model/Length	Serial/Hull Number	Hull Value	Motor Value	Deductible
					\$	\$	\$

Number of unregistered trailers: \_\_\_\_\_  
 For each trailer, please indicate the below information.

Year	Make	Model	VIN	Value
				\$
				\$
				\$

Does the organization haul, launch, and store boats? Yes  No   
 If yes, describe: \_\_\_\_\_  
 Average value of boats in storage \$ \_\_\_\_\_ Number boats stored? \_\_\_\_\_  
 Maximum value of an individual boat stored \$ \_\_\_\_\_

List equipment used for hauling & launching:

Year	Make	Model	Value
			\$
			\$

Protection & Indemnity Liability Limit: \$1,000,000 is included. Request Umbrella Quote (pg 5) if higher limits desired.

Marina Operators Legal Liability Needed? Yes  No   
 Limits \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

# Annual races sponsored? \_\_\_\_\_ # Annual regattas sponsored? \_\_\_\_\_  
 # Annual cruises sponsored? \_\_\_\_\_ To what locations? \_\_\_\_\_

**PIERS & DOCKS SECTION**

Is Piers & Docks coverage desired?      Yes  No       *If No, proceed to next page.*

Piers & Docks Limit:      \$ \_\_\_\_\_      Deductible Requested: \$ \_\_\_\_\_ (\$5,000 minimum)  
 Loss of Income Coverage desired for piers, docks and/or slips?      Yes  No   
     If yes, limits:      \$ \_\_\_\_\_      Coinsurance: % \_\_\_\_\_  
 How many docks?      \_\_\_\_\_  
 How many slips?      \_\_\_\_\_  
 Type of construction: Wood, Concrete, Steel? \_\_\_\_\_  
 Fixed or floating? \_\_\_\_\_  
 Are piers and docks covered? \_\_\_\_\_ If yes, what percentage is covered? \_\_\_\_\_

What is the maximum number of docks available? \_\_\_\_\_  
 Average number in use? \_\_\_\_\_  
 Average value of boats at docks? \_\_\_\_\_

What is the maximum number of slips available? \_\_\_\_\_  
 Average number in use? \_\_\_\_\_  
 Average value of boats at slips: \$ \_\_\_\_\_

How often are piers and docks maintained? \_\_\_\_\_  
     By whom? \_\_\_\_\_

Are piers and docks removed for winter storage? \_\_\_\_\_  
     If so, where? \_\_\_\_\_

Explain emergency weather plans: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Electrical circuitry on docks?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ground fault interrupters used?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Pier planks in good repair?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Boat ramp in good repair?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Piers kept free of obstruction?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do gangways have adequate handrails?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Floats and bulkheads protection against corrosion?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Piers equipped with proper lifesaving equipment?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Slips adequately spaced to allow ample maneuvering? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**PROVIDE ROUGH DRAWINGS OF PLACEMENT.** Please include: Dimensions, Ages, and Values. Use bottom or back of this page. Include any other clarifying material: i.e. dock blueprint, slip assignment chart, photo.

**GEOGRAPHIC LOCATION OF PIERS & DOCKS.** Indicate if in a cove, a harbor, or on a river. How far from coast? Are docks in a protected area? Is there a breakwater, land mass, or other buffer protecting dock area? Please describe below:



## SAILING INSTRUCTION SECTION

Is Sailing Instruction coverage desired?    Yes  No       *If No, proceed to next page.*

Number of instructors on water at a given time? \_\_\_\_\_

How are instructors paid? As employees? \_\_\_\_\_ As independent contractors? \_\_\_\_\_

Number of students on water at a given time? \_\_\_\_\_

Ages? \_\_\_\_\_

Length of program? \_\_\_\_\_

Annual Revenue: \$ \_\_\_\_\_

Name of person in charge of sailing program: \_\_\_\_\_

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

Is instructor US SAILING certified? (*This is required*)     Yes     No

If yes, name of US SAILING Certified Instructor: \_\_\_\_\_

If no, explain prior experience in sailing instruction: \_\_\_\_\_

Are instructors certified in CPR and First Aid? (*This is required*)     Yes     No

Explain program procedure with regard to life jackets: \_\_\_\_\_

*(Life jackets are required to be worn at all times during instruction.)*

Students' swimming ability documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age and weight limits for each class of boat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical records for each student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discipline protocol established for students?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proper application signed by parent or guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specific criteria for drop-off and pickup?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please explain No answers below:

Description of area of operation of the program:

## POLICY HISTORY AND SIGNATURE SECTION

### Claims History:

List all insurance claims in the past five years.

**Important Requirement:** *Please provide loss runs from current carrier. If unable to do so, we will need a statement regarding losses on club letterhead.*

LOSS DATE	LOSS AMOUNT	DESCRIPTION OF LOSS	CLAIM STATUS (open/closed)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Present Insurance Information:

Present Carrier: \_\_\_\_\_

Present Premium:      Package: \$ \_\_\_\_\_      Marine: \$ \_\_\_\_\_      Piers & Docks: \$ \_\_\_\_\_  
Auto: \$ \_\_\_\_\_      W.C.    \$ \_\_\_\_\_      Umbrella: \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

