

Name of Sailing Organization:	
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 organization leases the premises, from whom?	

Sailing Organization Type:	
Yacht/Sailing Club Paper Club Class Association Sailing School (please use School Application)	
Other:	
Are certificates of insurance required? Yes No	If so, to whom?
Are you incorporated? Yes No	Are you a non-profit organization? Yes No
Number of years in business:	Federal ID Number:
US Sailing Member? Yes No	US Sailing Membership Number:
Is the organization open year-round? Yes No	If not, indicate when used:
How many members?	
Location: Ocean Inland River Coastal River Bay Canal/Waterway Lake	

Is a formal safety program in operation?	Yes	No
If yes, please provide additional information about Safety Programs.		
Any parking facilities owned/rented?	Yes	No
If yes, please provide additional information about parking facilities.		
Any policy coverage declined, cancelled or non-renewed during the prior 3 years?	Yes	No
If yes, please provide more information about policy coverage cancelations/declines/non-renewals.		

PROPERTY SECTION:

Does the sailing organization lease or own property? Lease Own Neither <i>[If Neither, proceed to next section]</i>	
Number of Property locations to be covered:	
Does organization own any boilers? Yes No	Do boilers have jurisdictional inspections? Yes No

Location #1: Main/Primary Building

Construction: Frame Masonry Other:	
Distance to water:	
Year Built:	# of Stories:
Square Feet:	Basement: Yes No
Distance to Fire Dept:	Distance to Fire Hydrant:
Is building sprinklered? Yes No	If yes, please select below: Central Station Local Gong
Does building have burglar alarm? Yes No	If yes, please select below: Central Station With Keys
Burglar alarm type:	
Burglar alarm installed and service by:	

Are Blanket Limits* requested? Yes No	
Blanket Building Limit: \$	Blanket Contents Limit: \$
Replacement cost of Primary Building: \$	
Value of Personal Property at Primary Building: \$	
Property Deductible desired (Minimum \$1,000): \$	
Agreed Value*: Yes No <i>If yes to Blanket Limits or Agreed Value, a current Signed Statement of Values and B.I. Worksheet are required.</i>	
What is the value of trophies and/or fine-arts? \$	
Are trophies/arts ever off the premises? Yes No	Is coverage for trophies/fine-arts desired? Yes No
Deductible: \$	

Mortgagee(s): (List name, address, and what property/item is mortgaged)
Loss Payee(s): (List name, address, and description)

Additional Building for Location #1 (buildings #2 to #5)

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

Loss of Income & Extra Expense Coverage?	Yes	No	Coinsurance: %		
<i>If yes, limit desired for each building:</i>					
	Building #1	Building #2	Building #3	Building #4	Building #5
Loss of Income	\$	\$	\$	\$	\$
Extra Expense					

Location #2 at (insert address):								
	Location #2 /Bldg #1		Location #2 /Bldg #2		Location #2 /Bldg #3		Location #2 /Bldg #4	
Description								
Construction								
Year Built								
Square Feet								
# of Stories								
Sprinklered <i>(C/S = Central Station)</i>	Yes C/S	No Local	Yes C/S	No Local	Yes C/S	No Local	Yes C/S	No Local
Burglar Alarm <i>(C/S = Central Station)</i>	Yes C/S	No Local	Yes C/S	No Local	Yes C/S	No Local	Yes C/S	No Local
Bldg Replacement Cost								
Personal Property								

Deductible				
Agreed Value	Yes No	Yes No	Yes No	Yes No

If additional buildings and/or locations, please provide spreadsheet or ACORD Application.

Loss of Income & Extra Expense Coverage?	Yes	No	Coinsurance: %	
<i>If yes, limit desired for each building (bldg)</i>				
	Location #2 /Bldg #1	Location #2 /Bldg #2	Location #2 /Bldg #3	Location #2 /Bldg #4
Loss of Income	\$	\$	\$	\$
Extra Expense				

Does the organization haul, launch, and/or store boats?	Haul	Launch	Store Boats	Neither
Additional property coverages needed: <i>(i.e. hauling equip., launching equip., fork lifts, hoists, unregistered golf carts, etc.)</i>				
Description:	Year/Make/Model:	Value:	Deductible:	

PIERS & DOCKS SECTION:

Is Piers & Docks coverage desired?	Yes	No	<i>[If No, proceed to next section.]</i>
Address for Piers & Docks:			
Piers & Docks Limit: \$		Deductible Requested (\$5,000 min): \$	
Loss of Income Coverage desired for piers, docks and or slips? Yes No		If yes, limits: \$	
Type of construction:	Wood	Concrete	Steel Other:
Dock type: Fixed Floating	Are piers and docks covered? Yes No		
If yes, what percentage is covered?			
Total Number of Separate Dock Systems:			
Average number in use:			
Average value of non-owned boats using the docks: \$			
Maximum number of slips available:			
Average number of slips in use:			
Average value of non-owned boats stored in 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 No	Ground fault interrupters used? Yes No
Pier planks in good repair? Yes No	Boat ramp in good repair? Yes No
Piers kept free of obstructions? Yes No	Do gangways have adequate handrails? Yes No
Floats and bulkheads protection against corrosion? Yes No	Piers equipped with proper lifesaving equipment? Yes No
Slips adequately spaced to allow ample maneuvering? Yes No	Is dredging ever preformed at the organization? Yes No

PROVIDE ROUGH DRAWINGS OF PLACEMENT OF PIERS & DOCKS. Please include, dimensions, ages, and values. Include any other clarifying materials, such as dock blueprint, slip assignment chart, photos, etc. Also include **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? **Use bottom of this page or submit supplemental materials.**

GENERAL LIABILITY SECTION:

Number of members:	
<i>General Liability Limits are \$1,000,000 each occurrence / \$2,000,000 general aggregate</i>	
Square footage of Club (not including restaurant or snack bar):	
Square footage of Restaurant:	
Square footage of Snack Bar:	
Is Employee Benefits Liability coverage desired? Yes No	If yes, number of employees?
Is Garage Keepers Legal Liability coverage desired? Yes No	If yes, what limits?

Please indicate which facilities are included:

Swimming Pool:	Yes	No	If yes, number of pools:
Pool Fence	Diving Board	Depth Markers	Lifeguard
Bathing Beach:	Yes	No	If yes, number of beaches:
Lifeguard	Swimming Area Roped	Diving Platforms	
Restaurant:	Yes	No	Square Footage:
Snack Bar:	Yes	No	Square Footage:
Tennis Courts:	Yes	No	If yes, number of courts:
Property coverage desired for tennis courts? Yes No	Total value of courts:		
Child Care (not sailing instruct.):	Yes	No	Camp (not sailing instruct.): Yes No
# of children:	# of camper days:		
# of instructors:	# of field trips:		
Transportation Provided:	Yes	No	
Security Guards:	Yes	No	If yes, payroll: \$
Boat Storage (on land):	Yes	No	If yes, receipts: \$
Storage Tanks:	Yes	No	Are tanks above or below ground:
Describe Storage Tanks (types, etc):			

List the following annual income:

Dues: \$	Restaurant Sales: \$
Snack Bar Sales: \$	Pool & Tennis Fees: \$
Boating Instruction Fees: \$	Store (Chandler) Sales: \$
Boat Rentals: \$	Overnight Charter: \$
Other Income: \$	
Explain other income:	
Liquor Sales: \$	Does the club have a liquor license and require liquor liability? Yes No
Are paid bartenders/servers TIPS trained? Yes No	Are volunteer bartenders/servers TIPS trained? Yes No
Describe club's procedures on serving alcohol:	

<p>Describe any activities of the Club not previously mentioned (i.e. Fireworks Display, Food Festival, Swim Team/Instruction, Diving Team, Day Spa, Waterskiing, Jet Ski, Overnights). Indicate if using Employees (on payroll) or Independent Contractors (paid on a 1099 basis) for these activities.</p>	
<p>Describe safety procedures for use of starter guns and/or cannons:</p>	
Does the club gather or store any private information on their computer networks or website? Yes No	Please indicate if a network security/cyber liability quote is desired: Yes No

AUTOMOBILE/TRAILER SECTION:

Does the sailing organization lease/own vehicles and/or trailers for road use? Lease Own Neither <i>[If Neither, proceed to next page. If Neither, hired and non-owned auto liability will be included.]</i>
If Lease or Own, what is the organization's federal employee identification number (FEIN):
<i>Trailers registered to the club must be listed on an auto policy in order to provide liability protection to the club.</i>

List Registered Leased/Owned Autos & Trailers (note, 2 tables, use same VEH # for each grid):

VEH #	Year	Make & Model	VIN #	Garage/Storage Location, City/State	Gross Vehicle Weight	OTHER INFO
1.						
2.						
3.						
4.						
5.						

VEH #	Describe Usage	Value New \$	Requested Deductible (Comprehensive)	Requested Deductible Requested (Collision)
1.				
2.				
3.				
4.				
5.				

Is full-glass protection desired on vehicles? Yes No			
Drivers' List (At least one driver is required, list all who have authorized access)			
Name:	Date of Birth:	Drivers License #:	State Licensed:

Auto/Trailer Information:

		Yes	No
1.	With the exception of encumbrances, are any vehicles not solely owned by and registered to the applicant?		
2.	Is there a vehicle maintenance program in operation?		
3.	Are any club owned vehicles used by family members of authorized drivers? <i>If yes, please identify in below remarks section</i>		
4.	Does the applicant obtain MVR verifications?		
5.	Are any drivers NOT covered by workers compensation?		

Related info and remarks about Auto/Trailers:

WORKERS COMPENSATION SECTION:

Is Workers Compensation coverage desired?	Yes	No	[If no, proceed to next section, below.]
Unemployment ID Number/TIN #:	State Unemployment ID Number:		
Experience Modification:			
Number of Full-Time Employees:	Duties:		
Number of Part-Time/Seasonal Employees:	Duties:		
LIMITS: Limits being requested? <i>(Note: Workers Comp Limits of \$500K/\$500K/\$500K are the minimum underlying required if an Umbrella is being requested.)</i>			
\$500K/\$500K/\$500K \$1mil/\$1mil/\$1mil NO WORKERS COMP			

State	Loc #	Class Code	Categories, duties, classifications <i>(eg, most sailing orgs indicate Code = #9060 and Category = Club – country, golf, fishing or yacht - & clerical)</i>	# of Employees	Estimated Annual Payroll

Does your organization use the services of Independent Contractors and/or Subcontractors?	Yes	No
If yes, payroll or cost: \$		
<i>Please note, charges may apply for payroll to contractors if no proof of Workers Compensation is available to those individuals.</i>		

CRIME SECTION:

Is Employee Dishonesty or Money & Securities Coverages desired?	Yes	No
[If no, proceed to next section, below.]		
If yes, what deductibles and limits?		
Employee Dishonesty: \$	Depositors Forgery: \$	
Money & Security: \$	How many employees handle money?	
What are the job descriptions of those that handle money?		

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 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? \$	
Is the coverage intended to meet ERISA requirements?	Yes	No		
If yes, name of plan:	Current plan balance:			

UMBRELLA SECTION:

Is an Umbrella liability quote desired?	Yes	No	<i>[If no, proceed to next page.]</i>
If yes, what limit: \$			
Is Umbrella liability currently carried?	Yes	No	If yes, current limit:

MARINE LIABILITY SECTION:

Launch Operators? Yes No	How many?
Full or Part-time?	Employee or Contractor?
Sailing Instruction? Yes No	Does the organization own or lease piers and docks? Own Lease Neither
Does the organization own or lease moorings? Own Lease Neither	If yes, how many moorings?
Average value of boats at moorings? \$	

Does the organization own and/or lease boats?	Own Boats	Lease Boats	Neither
Number of owned/leased sailboats:	Usage:		
Number of owned/leased 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 unregistered trailer, please indicate the below information.				
Year	Make	Model	VIN	Value
				\$
				\$
				\$

Does the organization store boats? Yes No	Average value of boats in storage: \$
Number of boats stored:	Maximum value of an individual boat stored:
Does the organization haul or launch boats?	Haul Launch Neither
If yes, describe process & equipment:	

Protection & Indemnity Liability Limit: \$1,000,000 is included (no deductible). Request Umbrella quote if higher limit desired.	
Yacht Club (Marina) Operators Legal Liability needed? Yes No	# of annual cruises sponsored:
# of annual regattas sponsored:	# of annual races sponsored:
Are any on-the-water activities located outside of the USA, if yes, where?	

List the following annual income:	
Dock & slip rental: \$	Mooring rental receipts: \$
Club launch receipts: \$	Repair sales: \$
Winter storage: \$	Haul & launch: \$
Diesel sales: \$	Gasoline sales: \$
If fuel is sold, please indicate if Underground Storage Tank Pollution Liability is carried: Yes No	

SAILING INSTRUCTION SECTION:

Is Sailing Instruction coverage desired?	Yes	No	<i>[If no, proceed to next section.]</i>
Number of instructors on the water at a given time:			
Number of volunteers on the water at a given time:			
Number of instructors on payroll:			
Number of instructors paid as independent contractors:			
Number of students on the water at a given time:			
Age range of students:			
Number of weeks of instructions per year:			
Sailing Instruction Annual Revenue: \$			

Position at organization responsible for overseeing sailing operations (eg. Commodore, Sailing Director, etc.):			
Address of Sailing Program:			
Is there at least one sailing staff member with a current US Sailing instructor certification?	Yes	No	
Are instruction certified in CPR and First Aid?	Yes	No	
Explain program procedure with regard to life jackets: <i>(Life jackets are required to be worn at all times during instruction)</i>			

Answer the following with regards to your Sailing Program(s):			
Students' swimming ability documented:	Yes	No	Age and weight limits for each class of boat:
	Yes	No	Yes
	No		No
Medical forms & emergency contact info collected:	Yes	No	Discipline protocol established for students:
	Yes	No	Yes
	No		No
Participation Agreement signed by parent/guardian:	Yes	No	Specific criteria for drop-off and pick up:
	Yes	No	Yes
	No		No
Please explain "no" answers below:			
Describe sailing program area of operation:			

SWIM TEAM SUPPLEMENT:

Does your club have a Swim Team and/or provide swim instruction?			
Swim team	Swim instruction	Neither	<i>[If neither, proceed to next page.]</i>
Number of swimmers:			
Number of swim program volunteers/chaperones:			
Number of students in swim lessons:			
Age range of students in swim lessons:			
Number of weeks of swimming instruction:			
Number of swim team members:			
Age range of swim team members:			
Number of swim meets on premises:			
Number of swim meets off premises:			
Transportation provided for off premises meets:		Yes	No
If yes, please explain:			
Number of weeks of swim team:			
Describe experience of swim instructors:			

Position at organization responsible for overseeing Swim Operations (eg. Commodore, Youth Director, etc.):
Address of swim program:

Answer the following with regards to your Swim Program(s):	
Instructors certified in American Red Cross swim: Yes No	Instructors certified as lifeguards: Yes No
Instructors certified in CPR and First Aid: Yes No	Students' swimming ability documented: Yes No
Medical Forms & Emergency Contact info collected: Yes No	Discipline protocol established for students: Yes No
Participation Agreement signed by parent/guardian: Yes No	Specific criteria for drop-off and pick up: Yes No
Please explain "No" answers below:	
Provide description of area of operation of the swim program:	

CLAIMS HISTORY SECTION:

List all insurance claims in the past five (5) years. Important Requirement - Provide loss runs from current carrier. If unable to do so, provide a statement regarding losses on Club Letterhead.

Loss Date	Loss Amount	Description of Loss	Claim Status (Open/Closed)

Present Insurance Information Section:

Present Carrier:	
Present Premium:	
Package: \$	Marine: \$
Piers & Docks: \$	Auto: \$
Workers Comp: \$	Umbrella: \$

Signature & Date:

Applicant Signature: _____

Name of Sailing Organization: _____

Name & Title: _____

Date: _____

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