



## 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.*

### **Network Security:**

Does the school gather or store any private information on their computer network or web site? Yes  No

Please indicate if a network security/cyber liability quote is desired Yes  No

## 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.

**Trailers registered to the school must be listed on an auto policy in order to provide liability protection to the school.**

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	Load Capacity	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? \$ \_\_\_\_\_

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  *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.

ADDRESS FOR PIERS & DOCKS: \_\_\_\_\_

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  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 obstruction? 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

**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: \_\_\_\_\_

Burgee Sailing School Application, 11/2010 Edition



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