

**ADDENDUM 6 TO MARINE GENERAL LIABILITY APPLICATION FORM -  
SHORESIDE PROPERTY APPLICATION SUPPLEMENT**

**APPLICANT DETAILS**

Full Address of Location (s) ( including Zip code ) if different **AND/OR IN ADDITON TO** that stated at the beginning of Application

|             |  |
|-------------|--|
| Location 1: |  |
| Location 2: |  |
| Location 3: |  |
| Location 4: |  |
| Location 5: |  |

**OPERATIONAL DETAILS**

1. Is Business Interruption required?  YES  NO

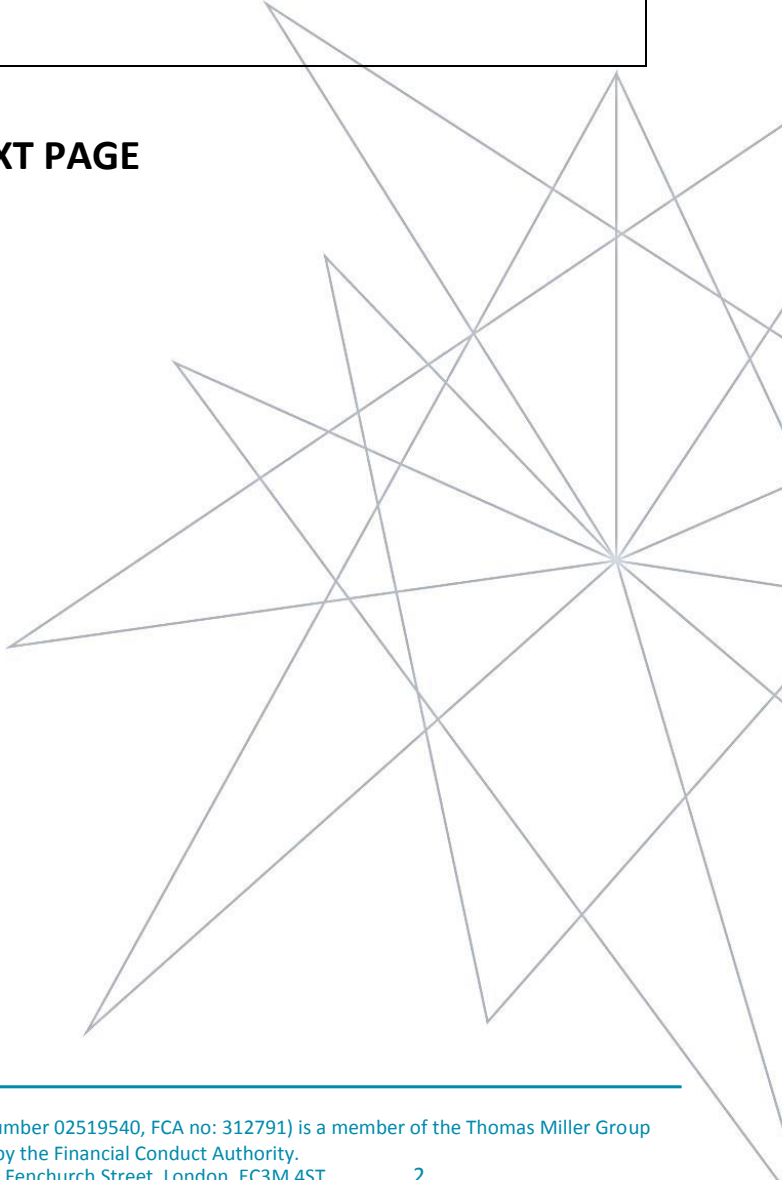
| a) What is your applicable annual revenue?  | LAST YEAR  | CURRENT YEAR | NEXT YEAR ESTIMATE                                       |
|---|--|--------------|--|
|   |  |              |  |
| b) Do you require cover for   | increased cost of working?                               |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|   | loss of revenue?   |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c) Please confirm limit required  |  |              |  |
|   |  |              |  |
| d) Is your electricity supply generated by  | <input type="checkbox"/> yourself                        |              |  |
|   | <input type="checkbox"/> through external means          |              |  |
| Do you have a back up / emergency generator?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |              |  |
|   |  |              |  |
| e) Are there any alternative/reserve equipment/means of access available to mitigate any claim? | <input type="checkbox"/> YES <input type="checkbox"/> NO |              |  |
| If yes, please give details   |  |              |  |



**2. Fire Protection And Security Measures**

| Please answer "yes" or "no" to the following                                  | Location 1  | Location 2  | Location 3  |
|---|---|---|---|
| a) Certified central station alarm – serviced by:                             | <input type="checkbox"/> YES <input type="checkbox"/> NO            | <input type="checkbox"/> YES <input type="checkbox"/> NO            | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| b) Watchmen service when premises not open for business                       | <input type="checkbox"/> YES <input type="checkbox"/> NO            | <input type="checkbox"/> YES <input type="checkbox"/> NO            | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| c) Area completely fenced and lighted – describe fences:                      | <input type="checkbox"/> YES <input type="checkbox"/> NO            | <input type="checkbox"/> YES <input type="checkbox"/> NO            | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| d) Alarm system with outside siren  | <input type="checkbox"/> YES <input type="checkbox"/> NO            | <input type="checkbox"/> YES <input type="checkbox"/> NO            | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| e) Other measures – describe:   | <input type="checkbox"/> YES <input type="checkbox"/> NO            | <input type="checkbox"/> YES <input type="checkbox"/> NO            | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| Please indicate distance from local fire department:                          | <input type="checkbox"/> Voluntary<br><input type="checkbox"/> Paid | <input type="checkbox"/> Voluntary<br><input type="checkbox"/> Paid | <input type="checkbox"/> Voluntary<br><input type="checkbox"/> Paid |
| If applicable, what is the average depth of water in the Marina service area? |   |   |   |

**ADDENDUM CONTINUES ON THE NEXT PAGE**



**PROPERTY SCHEDULE**

If Insurance for Physical Damage cover to owned property is required, please list all buildings, structures, docks, jetties, wharfs with their location which require coverage.

| Item                       | Location No. ( See Applicant Details) | Construction material | Use of Building | Age/Year of Build | Sprinklers | Sprinklers |
|----------------------------|---------------------------------------|-----------------------|-----------------|-------------------|------------|------------|
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
|                            |                                       |                       |                 |                   | Y/N        |            |
| <b>TOTAL INSURED VALUE</b> |                                       |                       |                 |                   |            |            |



**EQUIPMENT SCHEDULE**

**If insurance for Physical Damage cover to owned equipment is required, please list all items with their location which require coverage. Please note coverage can only be provided for large or immovable equipment items i.e. not for tools or small equipment items.**

| Are your declared values based on  |             |         |     |       |
|--|-------------|---------|-----|-------|
| <input type="checkbox"/> New replacement value <input type="checkbox"/> Market value <input type="checkbox"/> Depreciated (book) value |             |         |     |       |
| Item   | Description | Address | Age | Value |
|  |             |         |     |       |
|  |             |         |     |       |
|  |             |         |     |       |
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|  |             |         |     |       |
|  |             |         |     |       |
|  |             |         |     |       |
| <b>TOTAL INSURED VALUE</b>   |             |         |     |       |

