



BURGEE PROGRAM GENERAL APPLICATION - BROKER

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 organization leases the premises, from whom? _____

What type of sailing organization are you:

Yacht Club Paper Club Class Association Sailing School (*please use School Application*)

Other: _____

Are certificates of insurance required? Yes No

If so, to whom? _____

Does the organization 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 organization open year round? Yes No If not, indicate when used: _____

How many members? _____

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 sailing organization lease or own property? Yes No *If No, proceed to page 4.*

Number of Property Locations to be covered? _____

CHECK HERE IF ACORD APPLICATION IS ATTACHED

IF SO, PLEASE COMPLETE TROPHIES/FINE ARTS QUESTION BELOW AND PROCEED TO PAGE 4

Location #1: Main Building (Clubhouse)

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*

What is the value of trophies and/or fine arts? \$ _____

Are trophies ever off the premises? Yes No

Is coverage desired? Yes No **Deductible:** \$ _____

Mortgagees: _____ Loss Payees: _____

With Regards to: _____



PROPERTY SECTION (continued)

Additional Buildings for **Location #1** (building #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
\$	\$	\$	\$	\$

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 (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"/>

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

Loss of Income Coverage? Yes No Coinsurance: % _____

If yes, limit desired for each building:

Location #2 /Bldg #1	Location #2 / Bldg #2	Location #2 / Bldg #3	Location #2 /Bldg #4
\$	\$	\$	\$

Additional property coverages needed:

Coverage:	Limit:	Deductible:



GENERAL LIABILITY SECTION (PLEASE USE THIS SECTION INSTEAD OF ACORD)

Number of members? _____

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

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, # of employees: _____

Is Garage Keepers Legal Liability coverage desired? Yes No If yes, what limits: _____

Please indicate which facilities are included:

Swimming Pool	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fenced <input type="checkbox"/> Div. Board <input type="checkbox"/> Depth Markers <input type="checkbox"/> Lifeguard <input type="checkbox"/>
If yes, # of Pools: _____		
Bathing Beach	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lifeguard <input type="checkbox"/> Swimming area roped <input type="checkbox"/> Diving Platforms <input type="checkbox"/>
If yes, # of Beaches: _____		
Restaurant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Square Footage: _____
Snack Bar	Yes <input type="checkbox"/> No <input type="checkbox"/>	Square Footage: _____
Tennis Courts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Property coverage desired for tennis courts? Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, how many courts: _____
		Total value:\$ _____
Child Care (not sailing instruct.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	# of children _____ # of camper days _____
Camp (not sailing instruct.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	# of instructors _____ # of field trips _____ Transportation Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>
Security Guards	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, payroll: \$ _____
Boat Storage (on land)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, receipts \$ _____
Storage Tanks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Above or below ground (describe): _____
		If yes, explain: _____

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

Describe club's procedures on serving liquor? _____

Are bartenders TIPS trained? Yes No

Describe any activities of the Club not previously mentioned (ie Fireworks Display, Food Festival, Swim Team, Swim Instruction, Diving Team, Day Spa, Waterskiing, Jet Ski). Do you use employees or Independent Contractors for any of the above services? Yes No (If yes, describe)

Does the club 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 sailing organization 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 club must be listed on an auto policy in order to provide liability protection to the club.

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

CHECK HERE IF ACORD APPLICATION IS ATTACHED *If so, proceed to next page*

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, below.*

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

CHECK HERE IF ACORD APPLICATION IS ATTACHED **If so, proceed to next section**

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

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: \$ _____

The Burgee Program can include Directors & Officers Liability under the Umbrella, when carried by Chubb within the program.

Would you like to include the Directors & Officers under the Umbrella for this quote? Yes No



MARINE LIABILITY SECTION

Launch Operators? Yes No How many? _____ Full or Part-time? _____
 Crew Members? Yes No How many? _____ Full or Part time? _____
 Sailing Instruction? Yes No If yes, please complete page 9
 Does the organization own or lease piers and docks? Yes No If yes, please complete page 8
 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 6) if higher limits desired.

Yacht Club (Marina) Operators Legal Liability Needed? Yes No
 Limits \$ _____ Deductible \$ _____

Annual races sponsored? _____ # Annual regattas sponsored? _____
 # Annual cruises sponsored? _____ To what locations? _____

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



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:

SWIM TEAM SUPPLEMENT

Does your club have a Swim Team or provide Swim Instruction? Yes No *If No, proceed to next page.*

Number of instructors? _____

Number of chaperones? _____

Number of students/team members? _____

Age range of students/team members? _____

Number of swim meets on premises? _____

Number of swim meets off premises? _____

Transportation provided? Yes No

If yes, please explain: _____

Length of program? _____

Name of person in charge of swim team: _____

Address: _____

ARC or other certification? Yes No

Experience in swimming instruction: _____

Instructors certified in CPR and First Aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Students' swimming ability documented?	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:

Please provide description of area of operation of the swim 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: _____

BROKER INFORMATION:

Broker Agency Name and Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Broker Signature: _____ Date: _____

Burgee Broker Supplemental Application, 11/2010 Edition



70 Essex Road, Westbrook, CT 06498 • 800.262.8911 • burgee@gowrie.com