



Program Manager:
McGowan Program Administrators
(A Division of McGowan & Company, Inc.)
 Home Office – 20595 Lorain Road
 Fairview Park, OH 44126
 Phone: (440) 333-6300 / Fax: (440) 333-3214
www.mcgowanprograms.com

Submitted By:
 Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: () - / () -
 E-Mail: _____

Marina and Watercraft Supplemental Application

Insured: _____

1. What is the # of Boat Slips? _____
2. Are Boat Slips or Marina Facilities available for use by the public? Yes No
3. Are there any Gas Docks or Marina Repair Facilities? Yes No
4. Is there a Dock or a Pier? Yes No
 - a. What is the Pier / Dock used for? _____
 - b. Can boats pull up to the Pier / Dock or are they just for fishing, walking, etc.? Yes No Walking Only
 - c. How long is the pier/ dock? _____
 - d. How old is the pier/dock? _____
 - e. Who maintains the pier/dock? _____
 - f. Is there an annual inspection for structural deficiencies? Yes No
 - g. Is there anything on the pier/dock? (Restaurants, vendors, etc.) _____
 - h. Are there signs posted for no swimming or diving? Yes No
 - i. Are the piers/docks for public or private use? Public Private
5. Does the insured own Watercraft? Yes No
6. If so, is the owned Watercraft motorized? Yes No
7. Please provide details of owned Watercraft: _____

ACKNOWLEDGEMENT:

BY SIGNING THIS SUPPLEMENTAL APPLICATION FOR INSURANCE, INSURED: (1) WARRANTS THE AFOREMENTIONED INFORMATION IS CORRECT; AND, (2) STATES ITS AGREEMENT AND UNDERSTANDING THAT THIS SUPPLEMENTAL APPLICATION BECOMES A MATERIAL PART OF THE APPLICATION FOR INSURANCE.

Signature **Date:** _____

Agency