



GLOBAL MARINE INSURANCE AGENCY ~ Watersports Insurance Program

PRIVATE & PUBLIC LAKE LIABILITY INSURANCE

Table with 2 columns: APPLICANT INFORMATION, PRODUCER INFORMATION

Business Name: GLOBAL MARINE INSURANCE AGENCY, INC.
Contact Person: 12935 SW BAYSHORE DR, STE 205
Address: TRAVERSE CITY, MI 49684
PHONE NUMBER (800) 748-0224
FAX NUMBER (231) 947-4407
City: State: Zip:
Phone #: Fax #:
Website: Producer:
Email:
Desired Effective Date: From to Estimated Target Premium:
Quote Needed by:
Tax ID/SSN:
Applicant is: Individual Partnership Corporation Other (describe):
Watersports Organization Affiliation (INT / USAW / WWA): Number of Years as Member:

GENERAL INFORMATION

- 1. Type of Business of applicant: Number of years in business:
2. Prior Insurance Yes No Name of Prior Insurance Company:
3. Any insurance policy declined, cancelled, or non-renewed during the prior 3 years? Yes No
If yes, give details:
4. Including Present or Past Operations, any Insurance Claims / Losses within the past 5 years? Yes No
If yes, give details:

PLEASE ATTACH
• DIAGRAM OF SKI LAKE & PROPERTY (DRAWING OR ARIAL VIEW IS ACCEPTABLE)
• CONFIRMATION ALL WATERCRAFT &/OR JET SKIS REGULARLY MOORED/STORED/USED AT THE LAKE CARRY A MINIMUM WATERCRAFT LIABILITY LIMIT OF \$ 500,000 AND HAVE THE SKI CLUB AND PROPERTY OWNERS LISTED AS ADDITIONAL INSURED UNDER THE WATERCRAFT POLICY.

PRIVATE & PUBLIC LAKE LIABILITY COVERAGE

Ski Club / Organization Name: _____ Number of Members: _____

Lake Address: _____

City: _____ State: _____ Zip: _____

Number of Lakes: _____ Size of Lake(s) in acres: _____

Is this Lake a Privately Owned Lake ? Yes No

Is this Lake on a Public Waterway ? Yes No

Is this Lake "OWNED" by you ? Yes No

Or "LEASED" to you/your group ? Yes No

Is this Lake part of a Homeowners Association? Yes No

Number of Homes on the Lake? _____

If "YES" please provide the details of your current HOA Insurance Carrier *OR* *Contact our office to complete the HOA application.*

Current Homeowner Association Carrier Name: _____ Expiration Date: _____

Are there any other Buildings on Property ? Yes No Is Insurance needed for these structures? Yes No

If "YES" please provide the details of your current Property Insurance Carrier *OR* *Contact our office to complete the an application.*

Do you have control of who does/does not have access to the Lake? Yes No

If "NO" please explain _____

Are lessons or other services for a fee provided at this Lake? Yes No

If "YES" please explain _____

Does the Lake have public access? Yes No

Is the Lake Secured by Fencing? Yes No

Are "NO TRESPASSING" Signs posted? Yes No

Please list the number & types of Activities during the policy period at the Lake:

_____ # Daily Sets/Skiing _____ # Social Events _____ # Waterski Events _____ # Other Events

Describe activities at Lake: _____

Any other water related activities permitted?

Rope Swings ? Yes No

Water Trampoline ? Yes No

Sliders/Kickers ? Yes No

Jet Skis Allowed on the Lake ? Yes No

Swim Platforms ? Yes No

Slalom Course ? Yes No

Ski Jump? Yes No

Is the Ski Jump only used for Sanctioned Activities ? Yes No

Are all Courses and Equipment maintained to Industry & Sanctioning standards ? Yes No

How long is the Ski Season on the Lake? 0 - 5 Months 6 - 9 Months 10 - 12 Months

OTHER COVERAGES AVAILABLE:

Buildings ~ Business Personal Property ~ Commercial Automobile ~ Umbrella

PLEASE CONTACT OUR OFFICE TO COMPLETE THE APPROPRIATE APPLICATIONS FOR DESIRED COVERAGE

**Coverage may also be available for Buildings, Business Contents, Business Automobile,
Commercial General Liability, Inland Marine, Boiler & Machinery, Crime,
Business Interruption and Umbrella.**

**PLEASE CONTACT OUR AGENCY FOR FURTHER DETAILS OR
ATTACH APPROPRIATE ACORD APPLICATIONS FOR DESIRED COVERAGE**

LOSS HISTORY

Please attach a loss history for the last five (5) years

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____

Date: _____

Print Name: _____

Title: _____

Producer's
Signature: _____

Date: _____

Agency Name: _____