



NATIONAL MARINA PROGRAM

SUPPLEMENTAL APPLICATION

FOR SAILING SCHOOLS

How long has the Applicant been operating the sailing school? _____

How much income was generated from the sailing school last year? \$ _____

What is the estimate for this year? \$ _____

How many sailing instructors do you employ? _____

What qualifications must the Applicant's sailing instructors meet? Are their references checked prior to being employed? _____

What qualifications must the Applicant's sailing students meet? _____

Must the parents of minors sign a Parental Consent Form in order for their child to enroll in the class? Yes No

Must students wear Life Jackets at all times while vessels are being operated?
 Yes No

Please provide a description of the sailing courses that the Applicant offers. (Information to include number of times each course is offered each year, number of students [avg. and max.] per course, number of times the students are operating boats per course, number of instructors that supervise students while they are operating vessels).

Are classes only in session during daylight hours? Yes No

Is there a motorized vessel in the water at all times when students are on sailboats on the water? Yes No

Does Applicant only use sailing vessels owned by the Applicant?: Yes No

If "Yes", are all of them to be insured under the Marina Package Policy for Hull and P&I? Yes No

If "No", please provide a list of those that are not owned and describe how the Applicant is insured for the usage of those vessels. _____

Other information that you consider important or wish us to know: _____

Loss Record: List all claims incurred during the past five years from operations covered by this supplemental application, including date, cause, amount paid or estimated amount, if claim not settled. If none, state "none." _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF 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.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Date _____

Signature of Applicant