Community Associations WATERCRAFT / MARINA



Name of Insured/Area:			
Address:			
Date(s) of Event:			
Location(s) of operation:			
Receipts generated:			
Is this operation concessioned?		Yes	□No
If yes, attached certificate of insurance for the concessionaire			
Is area named as Additional Insured?		Yes	□No
Are releases required for:	Rentals	☐Boat Stora	age
(attach copies of releases)			
Does the operation rent boats and equipment?		Yes	No
Number and type of boats rented (size, HP)			
Does operation store boats for other owners: Incl. in season, v	vet storage,	_	
clips and out of season storage, dry (stack or trailers):		Yes	∐No
Describe:			
Number of rental slips available:			
Total annual receipts for slip rentals			
Does operation provide mechanic for repair and maintenance v	work on boat		
		∐Yes	∐No
Does operation provide and sell fuel (gasoline & oil)? Gallons of gas sold per year:		Yes	∐No
Are fire safety procedures followed at the gas dock?		Yes	No
What age requirements are there for boat rentals?			
Are safety and floatation devices provided with each rental:		Yes	No
Are life vests mandatory?		Yes	□No
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Are maintenance records kept for each boat?		∐Yes	∐No
Are employee training records kept?		Yes	No
Are the facilities inspected by federal or state authorities (i.e. C	Coast Guard	State Fire M	orchall
State Boating Authorities):	oasi Guaru,	Yes	No
List:			
Do you provide excursion boats operated by employees?		Yes	□No
If operation is on a lake or river and swimming is allowed, is there a life-guard on duty at all times?			
		∐Yes	∐No