



ESSEX INSURANCE COMPANY MARKEL AMERICAN INSURANCE COMPANY

INSURED: _____
Policy Number: _____
Policy or Reporting Term: _____

(REPORT SHOULD BE FOR THE POLICY PERIOD AS LISTED ABOVE)

MARINE RECEIPTS / SALES

Dock Rentals.....	\$ _____	Boat Sales.....	\$ _____
Boat Storage.....	\$ _____	Store Sales.....	\$ _____
Fuel Sales.....	\$ _____	Parts Sales.....	\$ _____
Hauling / Launching.....	\$ _____	Other (Describe)...	\$ _____
Repairs (including parts).....	\$ _____		\$ _____
Brokerage Commissions.....	\$ _____		\$ _____
Boat Rental Income (including # of boats).....	\$ _____		\$ _____
Other (Describe).....	\$ _____		\$ _____
Total Marine Receipts.....	\$ _____	Total Sales.....	\$ _____

BOAT DEALERS INVENTORY **HULL-BUILDERS RISK INVENTORY** **INSTALLATION FLOATER**

(Please report values as of last day of each month)

<u>Month</u>	<u>Location #1 Inventory Value</u>	<u>Location #2 Inventory Value</u>	<u>Month</u>	<u>Location #1 Inventory Value</u>	<u>Location #2 Inventory Value</u>
JANUARY	\$ _____	\$ _____	JULY	\$ _____	\$ _____
FEBRUARY	\$ _____	\$ _____	AUGUST	\$ _____	\$ _____
MARCH	\$ _____	\$ _____	SEPTEMBER	\$ _____	\$ _____
APRIL	\$ _____	\$ _____	OCTOBER	\$ _____	\$ _____
MAY	\$ _____	\$ _____	NOVEMBER	\$ _____	\$ _____
JUNE	\$ _____	\$ _____	DECEMBER	\$ _____	\$ _____

OTHER—Please identify reporting period and coverage form: _____

Report Prepared By: _____ Title: _____

Date: _____