



# TREASURE ISLAND YACHT HARBOR

The following should be submitted with this Marina Slip Application:

- A copy of the current vessel registration / documentation or a copy of the bill of sale.
- A certificate of insurance naming Marina as additional insured and showing \$300,000 liability coverage.
- Boats older than 15 years will require a survey completed within the last 24 months.

## **Contact Information**

Owner's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## **Business Information**

Business Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

## **Emergency Contact Information**

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship (To Owner): \_\_\_\_\_

**Legal Owner / Bank** (if different from REGISTERED OWNER and/or the vessel is financed).

Legal Owner's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Partner / Spouse** (Contact Information) Please provide the requested information

if different from the information provided by the Owner / Applicant.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ (ex. Partner, Spouse, Co-Owner)



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## Vessel Information

Vessel Name: \_\_\_\_\_  
 Registration / Documentation #: \_\_\_\_\_  
 Make / Model: \_\_\_\_\_ Year Built: \_\_\_\_\_  
 Type: \_\_\_\_\_ (ex. Power, Sail, Multi-Hull)  
 Hull Material: \_\_\_\_\_ Overall Length: \_\_\_\_\_ Beam: \_\_\_\_\_  
 Draft: \_\_\_\_\_ Live Aboard (#): \_\_\_\_\_  
 Current Berth Location: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Other Location: (outside U.S.) \_\_\_\_\_  
 Insured By: \_\_\_\_\_ Referred By: \_\_\_\_\_  
 Comments / Instructions: \_\_\_\_\_

READ CAREFULLY: BY COMPLETING & SUBMITTING THIS FORM INFORMATION TO US

- You are acknowledging that:  
The information on this application is true and correct to the best of your knowledge. AND:
- You (the applicant as named above) hereby authorize the Marina or its agents to verify the above information and obtain a credit report, based on the information provided on this application.

YES, I AGREE: (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

## Policies:

Mooring agreement will be executed when all required documents are received: (We suggest completing this form, PRINT it and then FAX it).

- Performance fee is required.
- First month's rent is due on the date of move in.
- Two access keys will be provided free of charge.
- A written vacate notice must be received 30 days prior to the date of vacating.

If you have any questions, need for assistance or a simple comment or inquiry please call or FAX us at these numbers: (415) 981-2416 Fax: (415) 981-2516

**Treasure Isle Marina 50 Avenue Of The Palms San Francisco, CA 94130**

Treasure Isle Marina's commitment to consistency and excellence is unparalleled. We look forward to serving you.