



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)



TREASURE ISLAND YACHT HARBOR

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.