

The Residence's at Windward Passage Condominium Association, Inc.

**BOAT SLIP LIFT APPLICATION FORM**

Steve Kornacki, LCAM, Ameri-Tech Property Management (727) 726-8000 Ext. 222

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Applicant \_\_\_\_\_

Unit number \_\_\_\_\_

Dock number \_\_\_\_\_

Boat name \_\_\_\_\_

Boat manufacturer \_\_\_\_\_

Boat length x width \_\_\_\_\_

Boat gross weight \_\_\_\_\_

Boat lift manufacturer (include Model No.) \_\_\_\_\_

Boat lifts gross weight lift \_\_\_\_\_

US certification \_\_\_\_\_

**INSURANCE REQUIREMENTS**

- Limits – General Liability - \$1,000,000/Occurrence
- Automotive Liability - \$1,000,000 combined single limit
- Workers Compensation - \$1,000,000
- Longshoreman Insurance - \$1,000,000/Occurrence "if Applicable"

**Special Note:** All Insurances must be on standard Florida State Certificate of Insurance forms To: **The Residences At Windward Passage Condominium Association, Inc.** as, "**ADDITIONAL INSURED**", no exceptions

**Dock Contractor:** Must furnish GENERAL LIABILITY, AUTOMOTIVE LIABILITY and WORKMANS COMPENSATION INSURANCE or LONGSHOREMEN'S INSURANCE (if required) to limits noted above, also see Special Note above.

**Unit Owner/Renter:** Must furnish GENERAL LIABILITY insurance to limits noted above, also see Special Note above.

Estimated installation date and completion date \_\_\_\_\_

**Note:** Thirty-day notice is required for installation approval. **DO NOT** make arrangements for slip installations until your approval has been finalized. There will be no exceptions granted for work scheduled without such approval, your contractor will be denied access to the property until your application is approved by the Association which includes all required insurances as noted above.

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Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

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Owner signature (if renter is applying) \_\_\_\_\_ Date \_\_\_\_\_