

BOAT SLIP APPLICATION



WHITEHOUSE COVE MARINA

105 Rens Road
Poquoson, Virginia 23662
Attn: Craig Brown: Phone: 757-969-6035
Cell: 757-508-2602
Fax: 757-461-1630
Email: Craig@rbainc.biz

OWNER INFORMATION

Owner Name: _____ Boat Slip #: _____
Commencement Date: _____ Term (unless otherwise specified herein): **ONE (1) year**
Mailing Address _____
City _____ State _____ Zip _____
Home # _____ Work # _____ Mobile # _____
Email _____
Employer _____ Phone _____
Emergency Contact _____ Phone _____

BOAT INFORMATION

Boat Name _____
Boat Make _____ Registration # _____
Boat Type _____ Year _____ Length O/A _____
Beam _____ Draft _____
Fuel Type _____ Tank Capacity _____
Motor Make and Model _____ Year _____
Lien Holder _____
Lien Holder Address _____
City _____ State _____ Zip _____
Insurance Company _____
(Landlord must be provided proof of insurance with BOTH Landlord, Whitehouse Cove, LLC and Agent, Robert Brown & Associates, Inc. listed as additional insureds)
Insurance Policy # _____ Expiration Date _____

SLIP RENTAL FEES *Call Craig Brown at (757) 969-6035 for Monthly Fee*

Security Deposit \$ _____ **TO BE PAID UPON SIGNING – NOT RETURNED UNLESS 60 DAYS PRIOR NOTICE GIVEN TO VACATE BS**
(Equal to one Month Fee)
Monthly Fee \$ _____ **FIRST MONTH TO BE PAID UPON SIGNING**

Signature of Applicant (Tenant/Captain) _____ Date _____
Live Aboard Yes No If yes, how many: _____