

# BOAT DEALERS POLICY APPLICATION



## GENERAL INFORMATION

Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## LOSS PAYABLE TO

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## MANUFACTURERS and types of boats sold:

	Manufactured by	Average Value	Maximum Value
Cruisers			
Runabouts			
Sailboats			
Outboard Boats			
Trailers			
Other Craft			

## DEMONSTRATIONS

How often are boats demonstrated? # Daily \_\_\_\_\_ # Weekly \_\_\_\_\_

Location where demonstrated: \_\_\_\_\_ Average number of demonstrations per month: \_\_\_\_\_ Maximum number of boats afloat at any one time: \_\_\_\_\_

## LIMITS OF LIABILITY desired:

	Address	Any One Boat	Total Limit Any One Casualty
a)			
b)			
c)			

## TRADE IN VESSELS OR USED VESSELS

Are any used vessels held for sale afloat?  Yes  No # per Year: \_\_\_\_\_ Average Value: \_\_\_\_\_

Are any trade-in vessels held for sale afloat?  Yes  No # per Year: \_\_\_\_\_ Average Value: \_\_\_\_\_

## OWNED VESSELS - other than those held for sale

Do you own/operate any watercraft used in connection with your business which are **NOT** held for sale?  Yes  No

Do you require coverage on any such watercraft (for which you will require a separate policy)?  Yes  No  
If "Yes", you will need to complete a commercial application for that vessel(s).

## TRANSPORTATION

	Number of Trips Annually	Average Distance of Trips	Limit per Boat
at risk to Dealer			
by railroad			
by public carriers			
by dealers truck			
navigation under own power			

Indicate maximum number of boats any one time, any one trip: \_\_\_\_\_

Indicate maximum number of miles any one time, any one trip: \_\_\_\_\_

Indicate maximum values of all boats any one trip: \_\_\_\_\_

**RISK IN TRANSIT** from the applicants premises to customer:

Will boats be at your risk during such transit:  Yes  No

If " Yes" , give cities from which shipments will be made:

If by water, who will operate the vessel: \_\_\_\_\_ # of years experience with boats: \_\_\_\_\_

If by truck or trailer, state carrier's name: \_\_\_\_\_ Address: \_\_\_\_\_

Is the Dealership premises installed with:  fencing  floodlights Is there a Watchman service at all times when premises are closed?  Yes  No

Have you carried boat dealer's insurance previously?  Yes  No

If so, name of insurance company: \_\_\_\_\_

Has any company refused or cancelled any insurance applied for or in force in the past 5 years?  Yes  No

*List any losses in the past five years:*

Type of Loss	Amounts Paid	Amounts Outstanding
1)		
2)		
3)		

*How long have you been in business?*

At this location: \_\_\_\_\_ Other locations: \_\_\_\_\_ Total # of years in business: \_\_\_\_\_

**NOTE:** THIS FORM OF POLICY **DOES NOT COVER** PROPERTY STORED FOR OTHERS OR NEW VESSELS UNDER CONSTRUCTION, OR LIABILITY ARISING OUT OF SHIP REPAIR OPERATIONS.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_