

BOAT DEALERS

Name of Assured: _____

Mailing Address: _____

City _____

State & Zip: _____

Survey Contact/Phone # _____

☐ Individual ☐ Partnership ☐ Corporation ☐ Other

Producer's Name: _____

Street Address: _____

City: _____

State & Zip: _____

1. List and describe any business owned, operated, or managed by the insured, including any lessor's risk _____

2. Number of years in business

3. Proposed effective date

4. Please provide name of current carriers, expiring premiums, and policy expiration dates _____

5. Is the insured a subsidiary of any other entity or does the insured have any subsidiaries? If yes, please describe. _____

6 Any policy or coverage declined, cancelled, or non-renewed during the prior three years? If yes, explain. _____

Locations:

1.

2.

3.

4.

5.

6.

Coverages Requested

☐ Marina Operators ☐ Property Insurance
☐ General Liability ☐ Piers, Wharves & Docks
☐ Protection & Indemnity ☐ Equipment/Tools
☐ Boat Dealer's ☐ Owned Watercraft

PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES
FOR ALL SECTIONS - RECEIPTS AND SALES INFORMATION

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Gross Receipts Gross Sales

Activity Amount Type Amount

Dock rental \$ _____ Boat Sales \$ _____

Storage \$ _____ Boat brokerage comm. \$ _____

Repair \$ _____ Ship Store Sales \$ _____

Fueling \$ _____ Restaurant Sales \$ _____

Hauling/Launching \$ _____ Other Sales** \$ _____

Rental (boats) \$ _____ Total Sales \$ _____

Rental (Leased property) \$ _____ ** Please identify source of other sales:

All other receipts * \$ _____

Total Receipts \$ _____

*Please identify source of other receipts:

General Information

Protection at locations (Yes or No) LOCATIONS

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

U/L certified central station alarm _____

Watchman service after business hours _____

Describe nature & extent of watchman: _____

Alarm with outside gong or siren _____

Completely fenced and floodlighted _____

Automatic/emergency fuel shutoff valve? _____

Fire Protection LOCATIONS

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

Paid or volunteer _____

Distance from location(s) _____

Public fire hydrants - # and distance _____

Public fire mains - size and pressure _____

Describe any private fire protection _____

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Section 1 - Marina Operators Liability

1. Limits requested: _____
A. Any one vessel \$ _____
B. Any one accident or occurrence \$ _____
2. Deductible requested \$ (minimum \$1,000) _____

Docking and Mooring

Loc. Loc. Loc. Loc. Loc. Loc.

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____
Slips available for rent? \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Buoys available for rent? \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Average value of yachts \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Maximum value of yachts \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Any slips under a common roof? _____
Describe type of heavy lift equipment and indicate lifting capacity _____

Storage*

Loc. Loc. Loc. Loc. Loc. Loc.

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____
Max. number of yachts stored at any time in past year? _____
Number stored in summer? _____
Number stored in winter? _____
Average value of yachts: _____
Max. value of yachts: _____
A. Are yachts stored afloat between 12/1 AND 4/1? _____
B. Are yachts stored inside a building? _____
If yes, are they on racks? Sprinkler system? _____
C. Type of building construction: _____
D. Fire rate: _____
E. Are yachts stored outside on racks? If yes, how many? _____
* If you provide any storage a copy of the storage agreement is required for coverage to apply.

Repair Operations

- A. Type of vessels: _____
B. Type of work _____
C. Highest value of any one yacht repaired last year \$ _____
D. Describe any commercial ship repair work you do and provide receipts: _____
E. Receipts (non-commercial) past 12 months \$ _____

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Section 2 - General Liability

Limits Requested (choose one)

Option A [] Option B [] Option C []

- A. General Aggregate \$2,000,000 \$1,000,000 \$1,000,000
B. Products-Completed Ops Aggregate \$1,000,000 \$ 500,000 \$ 300,000
C. Personal And Advertising Injury \$1,000,000 \$ 500,000 \$ 300,000
D. Each Occurrence \$1,000,000 \$ 500,000 \$ 300,000
E. Fire Damage (Any One Fire) \$ 100,000 \$ 100,000 \$ 100,000
F. Medical Expense (Any One Person) \$ 5,000 \$ 5,000 \$ 5,000

Products Sold (ex boats & ship stores) Annual Sales # Of Units Intended Use

\$ _____ # _____
\$ _____ # _____
\$ _____ # _____
\$ _____ # _____

Explain all "yes" responses YES NO

1. Does applicant install, service, or demonstrate products? [] [] _____
2. Foreign products sold, distributed, used as components? [] [] _____
3. Research and development conducted or new products planned? [] [] _____
4. Guaranties, warranties, hold harmless agreements? [] [] _____
5. Products recalled, discontinued, changed? [] [] _____
6. Products of others sold or repackaged under applicant's label? [] [] _____
7. Products under label of others? [] [] _____
8. Vendors coverage required? [] [] _____
9. Does any named insured sell to other named insured? [] [] _____
10. Products manufactured? [] [] _____

Please attach literature, brochures, labels, warnings, etc.

Additional interests/certificate recipients : _____

Name and address Interest Certificate: _____

General Information Explain all "yes" responses

YES NO

1. Any medical facilities provided or doctor employed/contracted? [] [] _____
2. Any exposure to radioactive/nuclear material? [] [] _____
3. Do operations involve storing, treating, discharging, applying, disposing or transporting or hazardous material? [] [] _____
4. Any operations sold, acquired or discontinued in last 5 years? [] [] _____
5. Any parking facilities owned/operators? [] [] _____
Number of parking spaces _____
6. Is a fee charged for parking? [] [] _____
7. Recreation facilities provided? [] [] _____
8. Is there a swimming pool on the premises? [] [] _____
9. Sporting or social events sponsored? [] [] _____
10. Any structural alterations contemplated? [] [] _____
11. Any demolition exposure contemplated? [] [] _____
12. Does harbormaster live on premises? [] [] _____
13. Does insured use sub contractors? [] [] _____

If so, indicate percentage of receipts _____ %

Remarks: _____

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Section 3 - Boat Dealer's Insurance

Requested Limits:

- A. Limit any one vessel: \$ _____
- B. Limit any one location: \$ _____
- C. Limit any one accident or occurrence: \$ _____
- D. Deductible each occurrence each location: \$ (minimum \$1,000) _____

Type of boats and manufacturer: _____

Last Inventory Prior Inventory * Average Monthly

Location Date _____ Date _____ * Inventory _____

Loc 1 Bldg . - \$ _____

Open Area - \$ _____

In Water - \$ _____

Loc 2 Bldg. - \$ _____

Open Area - \$ _____
In Water - \$ _____
Loc 3 Bldg. - \$ _____
Open Area - \$ _____
In Water - \$ _____
Loc 4 Bldg. - \$ _____
Open Area - \$ _____
In Water - \$ _____
Loc 5 Bldg. - \$ _____
Open Area - \$ _____
In Water - \$ _____

* Should be six months from prior inventory date.

Transit Exposures:

A. Are any boats delivered from mfg. at Insureds' risk? _____ If yes, how are they delivered?

Max. value any one boat _____ Max. value any one-delivery _____

B. Are any boats delivered by water to the insured? _____ If yes, from where? _____

C. Total values of boats delivered by insured during the past year: \$ _____

D. By public carrier \$ _____

E. By applicant's vehicle \$ _____

F. Average distance the boats are transported Maximum _____

G. Number of boats delivered to purchaser by water _____

H. Average distance Average Value \$ _____

Boat Shows

of boat shows annually # of boats each show _____

In water or on land _____

Maximum dollar limit any one show \$ _____

Average/maximum distance to show _____

Transported by common carrier or own vehicles? _____

Demonstrations

Maximum value any one boat \$ _____

Maximum mph any one boat _____

Is boat under command of competent employee? _____

Are demonstrators equipped with full complement of U.S. Coast Guard required safety equipment? _____

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Section 4 - Piers, Wharves and Docks

Indicate Valuation ACV 80% (If over 10 years old) RC 90% (Circle One)

Loc. Loc. Loc. Loc. Loc. Loc.

1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

Number of floating docks: _____

Number of fixed piers: _____

Insured value for docks: _____

Insured value for piers: _____

Attach a diagram of the docks/piers. _____

Describe the floating docks and piers: _____

Indicate type of construction: _____

Indicate type of floatation devices: _____

Indicate type of mooring devices _____

Age of docks Age of piers: _____

Are the slips open or covered? _____

Number of open slips Number of covered slips: _____
Describe the maintenance program: _____
Describe firefighting capabilities: _____
Deductible Requested \$ (\$1,000 Minimum): _____

Section 5 - Protection And Indemnity

Sections Applicable Marina operators ☐ Yes ☐ No
Boat dealers ☐ Yes ☐ No
Work Boats ☐ Yes ☐ No How many? _____
Rental boats ☐ Yes ☐ No How many? _____
Other owned boats (excl. boats for sale) ☐ Yes ☐ No How many? _____
For work boats, rental boats and other owned boats, indicate make, year built, length and horsepower for each _____

Limit Requested \$ _____
For owned watercraft, are crew covered? If yes, # _____
Please fully describe work boat / rental boat / other owned boat operation if you are requesting P & I coverage for these vessels _____

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Section 6 - Property Insurance

(1) Premises Information: _____ CV (ACV 80%) or _____ Repl. Cost (RC 90%)

Location No _____ Building No _____

Subject of Insurance: Limit

Building _____ \$ _____

Contents _____ \$ _____

Other _____ \$ _____

Deductible _____ (minimum \$1000)

Year built _____

How is this building used by the Insured? _____

Construction type Protection class RCP Code _____

Total area Other occupancies _____

Building improvements _____

Wiring, yr. _____ Heating, yr. _____

Roofing, yr. _____ Plumbing, yr. # of stories _____ / _____

Burglar Alarm ☐ Yes ☐ No Describe _____

Sprinkler Alarm ☐ Yes ☐ No Describe _____

Basement ☐ Yes ☐ No

Business Income and Extra Expense Coverage - Actual Loss Sustained

Requested Limit \$ _____ COINSURANCE 80% _____

(2) Premises Information: _____ CV (ACV 80%) or _____ Repl. Cost (RC 90%)

Location No _____ Building No _____

Subject of Insurance: Limit

Building _____ \$ _____

Contents _____ \$ _____

Other _____ \$ _____

Deductible _____ (minimum \$1000)

Year built: _____
How is this building used by the Insured? _____
Construction type Protection class RCP Code _____
Total area Other occupancies: _____
Building improvements: _____
Wiring, yr. _____ Heating, yr. _____
Roofing, yr. _____ Plumbing, yr. # of stories _____ / _____
Burglar Alarm ☐ Yes ☐ No Describe _____
Sprinkler Alarm ☐ Yes ☐ No Describe _____
Basement ☐ Yes ☐ No
Business Income and Extra Expense Coverage - Actual Loss Sustained
Requested Limit \$ _____ COINSURANCE 80%

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(3) Premises Information: _____ ACV (ACV 80%) or _____ Repl. Cost (RC 90%)

Location No _____ Building No _____

Subject of Insurance: Limit

Building _____ \$ _____

Contents _____ \$ _____

Other _____ \$ _____

Deductible _____ (minimum \$1000)

Year built _____

How is this building used by the Insured? _____

Construction type Protection class RCP Code _____

Total area Other occupancies _____

Building improvements _____

Wiring, yr. _____ Heating, yr. _____

Roofing, yr. _____ Plumbing, yr. # of stories _____ / _____

Burglar Alarm ☐ Yes ☐ No Describe _____

Sprinkler Alarm ☐ Yes ☐ No Describe _____

Basement ☐ Yes ☐ No

Business Income and Extra Expense Coverage - Actual Loss Sustained

Requested Limit \$ COINSURANCE 80% _____

(4) Premises Information: _____ ACV (ACV 80%) or _____ Repl. Cost (RC 90%)

Location No _____ Building No _____

Subject of Insurance: Limit _____

Building _____ \$ _____

Contents _____ \$ _____

Other _____ \$ _____

Deductible _____ (minimum \$1000)

Year built _____

How is this building used by the Insured? _____

Construction type Protection class RCP Code _____

Total area Other occupancies _____

Building improvement: _____

Wiring, yr. _____ Heating, yr. _____

Roofing, yr. _____ Plumbing, yr. # of stories _____ / _____

Burglar Alarm ☐ Yes ☐ No Describe _____
Sprinkler Alarm ☐ Yes ☐ No Describe _____
Basement ☐ Yes ☐ No

Business Income and Extra Expense Coverage - Actual Loss Sustained
Requested Limit \$ COINSURANCE 80% _____

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(5) Premises Information: _____ ACV (ACV 80%) or _____ Repl Cost (RC 90%)

Location No _____ Building No _____

Subject of Insurance: Limit _____

Building _____ \$ _____

Contents _____ \$ _____

Other _____ \$ _____

Deductible _____ (minimum \$1000)

Year built _____

How is this building used by the Insured? _____

Construction type Protection class RCP Code _____

Total area Other occupancies: _____

Building improvements: _____

Wiring, yr. _____ Heating, yr. _____

Roofing, yr. _____ Plumbing, yr. # of stories _____ / _____

Burglar Alarm ☐ Yes ☐ No Describe _____

Sprinkler Alarm ☐ Yes ☐ No Describe _____

Basement ☐ Yes ☐ No

Business Income and Extra Expense Coverage - Actual Loss Sustained

Requested Limit \$ COINSURANCE 80% _____

(6) Premises Information: _____ ACV (ACV 80%) or _____ Repl Cost (RC 90%)

Location No _____ Building No _____

Subject of Insurance: Limit _____

Building _____ \$ _____

Contents _____ \$ _____

Other _____ \$ _____

Deductible _____ (minimum \$1000)

Year built _____

How is this building used by the Insured? _____

Construction type Protection class RCP Code _____

Total area Other occupancies: _____

Building improvements _____

Wiring, yr. _____ Heating, yr. _____

Roofing, yr. _____ Plumbing, yr. # of stories _____ / _____

Burglar Alarm ☐ Yes ☐ No Describe _____

Sprinkler Alarm ☐ Yes ☐ No Describe _____

Basement ☐ Yes ☐ No

Business Income and Extra Expense Coverage - Actual Loss Sustained

Requested Limit \$ COINSURANCE 80% _____

Section 7 - Equipment/Tools

Equipment Coverage: Indicate Valuation _____ ACV 80% REPL or _____ COST 90%

Complete the following or submit schedule

Description Value D/A Serial Number Location

Section 8 - Owned Watercraft

Owned Watercraft Coverage Indicate Valuation ACV 80% REPL COST 90% (circle one)

Fully describe any operation for which you are requesting coverage for owned watercraft

Please complete the following or submit a detailed schedule

Description Value D/A Serial Number Location

If you are requesting coverage for boats that are rented please submit a copy of the applicable rental agreement as well as a description of your rental qualification standards.

Mortgagees/Loss Payees

Name and Address Interest Coverage Section(s) Applicable Location:

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Section 9 – Loss Information

APPLICABLE TO ALL SECTIONS 1 through 8:

Loss Record: List all claims incurred during the past five years to property or from operations covered by this form of policy, including date, cause, amount paid or estimated amount, if claim not settled. If none, state "none."

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME.

Signature of Applicant

DATE