

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: _____