Boat Dealers Application

Applicant's Name: _____

Mailing Address: _____

Number of years in business: _____

Additional related experience of owner/operator: _____
_____
_____

Address of location(s) to be insured:
- _____
- _____
- _____

External Security: *(advise for each location)*   *(attach separate sheet if needed)*
    Locked compound: ☐   24 Hour watchman: ☐   Central alarm ☐
    Fully fenced yard: ☐   Night watchman: ☐   Monitoring alarm ☐
        Other *(describe):*   Guard dogs: ☐   Local alarm

External Fire Protection: *(advise for each location)*   *(attach separate sheet if needed)*
Nearest fire hydrant: _____ kms   Nearest fire hall: _____ kms   Voluntary fire hall: ☐   Paid: ☐

*If vessels are kept in a building attach a supplementary building application.
Advise maximum values at risk per location:
- _____
- _____
- _____

New or Used Boat Sales? _____ or Both?

Percentage of vessels which are consignment sales: _____%
Do you have a sales agreement for consignment sales:
    If yes, please attach a copy.   Yes ☐   No ☐
Types of vessels/motors sold? _____
_____
_____

Does applicant participate in any boat shows: Yes ☐ No ☐ If Yes; on average, how many per year: _____

US Imports:
For boats imported from the US, at what point would our policy attach?
From the factory ☐   Once in insured's possession ☐

Does the insured pick up boats from the US themselves ☐ or is a Third Party carrier performing the transit? ☐
If the latter do they carry Motor Truck Cargo cover and use a Valued Bill of Lading? Yes ☐ No ☐

Do you provide demonstrations?   Yes ☐   No ☐
   Where are demonstrations conducted? _____
   Number of demos per year on average: _____
   Do you allow water skiing or use of water toys during demos? _____

Do you provide delivery of vessels to customers?   Yes ☐   No ☐
   Describe delivery method (ie truck, trailer etc…) _____
   Describe delivery area (ie within B.C. etc…) _____
   Do you require insurance for these deliveries?   Yes ☐   No ☐

Previous Insurer: _____   Policy No.: _____
 Expiry date: _____

Have you ever been cancelled, declined or refused insurance?   Yes☐   No ☐
If yes, please advise why:_____

Any Claims or losses in the past 5 years? No ☐   Yes ☐
if yes provide details _____

Coverage's Requested:

Section A)

   Maximum Limit of any one vessel: $_____

   Maximum Limit at any one Location: $_____

    Maximum Limit any one accident or occurrence: $_____

Section B) Protection & Indemnity Limit of Liability: $_____

Date: _____

Broker Name & Address: _____

Broker email: _____

Phone: _____ Fax: _____

Agent's Signature: _____

Applicant's Signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.