

## Boat Dealers & Marina Operators Application

Company Title \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Contact Name \_\_\_\_\_ Position \_\_\_\_\_  
Risk Address \_\_\_\_\_  
Website address \_\_\_\_\_

Your Broker

Contact Name \_\_\_\_\_  
Email \_\_\_\_\_  
Head Office \_\_\_\_\_  
Telephone No \_\_\_\_\_

**This application form is designed to obtain information, which will enable Underwriters to offer you the widest cover and most competitive indication.**

**Please provide as much detail as possible including brochures, photographs or plans.  
The information provided will be treated as confidential.**

**You must give true and full answers to all questions. If you do not do so,  
your insurance cover may not protect you in the event of a claim.**

All material facts must be disclosed to Underwriters whether or not the subject of a specific question above. A material fact is one, which a prudent Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them.

I declare that the particulars and answers are correct and complete in every aspect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the agent of the proposer for the purpose of completion purposes.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Position within Company \_\_\_\_\_

The signing of this form does not bind the proposer to complete the insurance.

**Present Insurer** \_\_\_\_\_

**Number of years insured** \_\_\_\_\_

**Current Premium** C\$ \_\_\_\_\_

**Renewal Date** \_\_\_\_\_

Has the business, you or any of your directors/partners of your company ever been placed in any form of liquidation, declared bankrupt or made any arrangements with creditors?

(This includes any previous company that you or any of your directors/  
Partners of your company have worked.)

Yes  No

Have you, your partner(s) / your director(s) ever been charged with or convicted of any offence involving dishonesty of any kind?

Yes  No

If yes, please provide full details: \_\_\_\_\_

Have you ever been declined insurance, or had any special terms imposed?

Yes  No

If Yes, full details: \_\_\_\_\_

Please provide a full description of your company's business activities:

Provide details of any associated or subsidiary companies for whom cover is required:

(Also provide a description of the subsidiary companies Business activities)

Names of directors, partners and other senior employees with their relevant years experience:

| Name of Partners/Director/Senior Employee | Position | Years Experience |
|---|----------|------------------|
|   |          |                  |
|   |          |                  |
|   |          |                  |
|   |          |                  |
|   |          |                  |

Do you have standard trading conditions?  Yes  No

If Yes, please **attach** a copy

Do you always make your customers aware of them prior to any transaction?  Yes  No

Do you waive any rights of recourse for claims against any of your suppliers?  Yes  No

Do you/your company have any assets in any Jurisdiction governed by the USA?  Yes  No  
 If yes, details: \_\_\_\_\_

Year your company commenced business? \_\_\_\_\_

Are you registered for GST?  Yes  No

Are you or your company a member of a trade or professional association?  Yes  No

Did your company trade profitably last year?  Yes  No

If No, please provide a copy of your audited accounts for the last 2 years.  
 Do you anticipate that your company will trade in surplus this year?  Yes  No

## Revenue

Please advise financial or other interested parties together with their **specific interest**.

|                |                      |                                      |                                   |
|----------------|----------------------|--------------------------------------|-----------------------------------|
| Annual Revenue | Last Financial year: | Estimate for current Financial year: | Estimate for next financial year: |
| C\$ _____      | C\$ _____            | C\$ _____                            | C\$ _____                         |

Please provide current annual turnover relating to:

|                           | Turnover % | C\$   |                        | Turnover % | C\$   |
|---------------------------|------------|-------|------------------------|------------|-------|
| Berthing/Storage of craft | _____      | _____ | Income from USA        | _____      | _____ |
| Lifting/movement of craft | _____      | _____ | Boat Repair            | _____      | _____ |
| Boat Building             | _____      | _____ | Chandlery sales        | _____      | _____ |
| Boat Rental/Hire          | _____      | _____ | Manufacturing          | _____      | _____ |
| Boat Sales                | _____      | _____ | Tuition/Sailing School | _____      | _____ |
| Fuel Sales                | _____      | _____ | Passenger Carrying     | _____      | _____ |
| Brokerage                 | _____      | _____ | Goods in Transit       | _____      | _____ |
| Other (please specify)    | _____      | _____ | <b>TOTAL</b>           | <b>C\$</b> | _____ |

Are the premises occupied solely by you?  Yes  No

If No, give details of other occupants and their business activities: \_\_\_\_\_

Do any commercial craft use your facility?  Yes  No

If Yes, details please \_\_\_\_\_

Type \_\_\_\_\_

What proportion of your work is on commercial craft; \_\_\_\_\_ %

Have your premises or surrounding/local area ever experienced any:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Flooding                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Subsidence, heave, landslip or erosion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any severe weather / catastrophes      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Distance and location of your nearest fire station: \_\_\_\_\_

What fire fighting equipment do you have at your facility? \_\_\_\_\_

## Security

Is a ULC/CSA approved alarm fitted and operational when the premises are left unattended

Yes  No

If Yes, give locations and type of alarm; \_\_\_\_\_

Make of alarm and Company providing the maintenance agreement (Please enclose a copy)

What security precautions do you take for:

External doors \_\_\_\_\_

Windows \_\_\_\_\_

Roller shutters \_\_\_\_\_

Are any of the following installed at your premises:

Floodlights

Yes

No

Secure fencing

Yes

No

24hr Manned security

Yes

No

Other Security measures, if any? \_\_\_\_\_

## Claims History

It is fundamental to the assessment of your insurance that a **five-year claims history is declared**. This should include any circumstances or notifications, which may not have led to any payments being made. In addition details of any settlements reached within the last five years for claims prior to five years should be included:

| Date(s) | Circumstances | Amount Claimed | Amount Paid |
|---------|---------------|----------------|-------------|
|         |               | C\$            | C\$         |
|         |               | C\$            | C\$         |
|         |               | C\$            | C\$         |
|         |               | C\$            | C\$         |
|         |               | C\$            | C\$         |
|         |               | C\$            | C\$         |

## Section 1 Physical Damage to Building and Contents.

|  | Building # 1   | Building # 2   | Building # 3   |
|--|--|--|--|
| Location/Description                           |  |  |  |
| Age  |  |  |  |
| Freehold or Leasehold?                         |  |  |  |
| Size/Area                                      |  |  |  |
| Type of construction                           |  |  |  |
| Occupied as                                    |  |  |  |
| Details of heating used                        |  |  |  |
| Are flammable products stored in the building? | <input type="checkbox"/> [Yes] <input type="checkbox"/> [No] | <input type="checkbox"/> [Yes] <input type="checkbox"/> [No] | <input type="checkbox"/> [Yes] <input type="checkbox"/> [No] |
| If Yes, details please                         |  |  |  |
| <b>New reinstatement value (C\$)</b>           |  |  |  |

|  | Building # 4   | Building # 5   | Building # 6   |
|--|--|--|--|
| Location/Description                           |  |  |  |
| Age  |  |  |  |
| Freehold or Leasehold?                         |  |  |  |
| Size/Area                                      |  |  |  |
| Type of construction                           |  |  |  |
| Occupied as                                    |  |  |  |
| Details of heating used                        |  |  |  |
| Are flammable products Stored in the building? | <input type="checkbox"/> [Yes] <input type="checkbox"/> [No] | <input type="checkbox"/> [Yes] <input type="checkbox"/> [No] | <input type="checkbox"/> [Yes] <input type="checkbox"/> [No] |
| If Yes, details please                         |  |  |  |
| <b>New reinstatement value (C\$)</b>           |  |  |  |

## Physical Damage to Buildings & Contents (cont)

Please provide details of all Tenants/Sub-lessees and the nature of their activities:

Annual Rent Receivable C\$ \_\_\_\_\_  
 No. of Months for which cover is required \_\_\_\_\_

### Contents

Nature of your stock: C\$ \_\_\_\_\_

Do you provide retail chandlery or associated retail facilities?  Yes  No

Maximum value of stock held at any time over all locations: C\$ \_\_\_\_\_

Maximum value of any one item of stock: C\$ \_\_\_\_\_

| Item  | Loc No. | Description | Sum Insured |
|---|---------|-------------|-------------|
| Machinery & Plant                               |         |             | C\$         |
| Furniture, fixtures & fittings                  |         |             | C\$         |
| Stock   |         |             | C\$         |
| Goods held in trust                             |         |             | C\$         |
| Office Equipment                                |         |             | C\$         |
| Computer Equipment                              |         |             | C\$         |
| Chandlery                                       |         |             | C\$         |
| Electronic Equipment                            |         |             | C\$         |
| Wines, Spirits & Cigarettes                     |         |             | C\$         |
| All other contents<br>(Excl. personal property) |         |             | C\$         |
| Other items, please specify                     |         |             | C\$         |
| Hired in plant for which<br>you are responsible |         |             | C\$         |
| 2nd Hand items for re-sale                      |         |             | C\$         |

Are there any other contents that are not covered above, if so, Please provide details.

\_\_\_\_\_  
 Total sum to be insured (over all locations) C\$ \_\_\_\_\_

**NB All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.**

**DEBRIS REMOVAL COSTS and ARCHITECTS FEES SHOULD BE INCLUDED WITHIN YOUR BUILDINGS and STOCK / CONTENTS SUMS INSURED.**

| Item                 | Loc No. | Description | Sum Insured |
|----------------------|---------|-------------|-------------|
| Own Stock of Vessels |         |             | C\$         |

If stock includes any vessels, advise if any are kept afloat at any time:

If Yes, specify:

a) Usual location

\_\_\_\_\_

b) Maximum number \_\_\_\_\_ c) Total value afloat C\$ \_\_\_\_\_

Do you require cover for demonstrating stock vessels?  Yes  No

Do you require cover for any stock at exhibitions?  Yes  No

If Yes, specify which exhibitions and value of stock:

\_\_\_\_\_

### Goods In Transit Insurance

Description of Goods: \_\_\_\_\_

Usual method of transit: \_\_\_\_\_

Canadian destination(s): \_\_\_\_\_

Total annual value of Canadian sendings last year: C\$ \_\_\_\_\_

Estimate of total value of Canadian sendings for this policy year: C\$ \_\_\_\_\_

Estimate the maximum value any one sending: C\$ \_\_\_\_\_

Do you use one regular professional freight forwarder/hauler?  Yes  No

Do you deliver goods using your own vehicle(s)  Yes  No

Overseas countries - please indicate whether imports or exports:

\_\_\_\_\_

Total annual value of shipments last year: C\$ \_\_\_\_\_

Estimate of total value of shipments for this policy year: C\$ \_\_\_\_\_

Maximum value any one shipment: C\$ \_\_\_\_\_



## Section 2 - Physical Damage to Marine Structures

Please give full description and provide sketch plan:

Age: \_\_\_\_\_ Total length: \_\_\_\_\_ No. of Sections: \_\_\_\_\_

What is the construction type i.e. Wood, Metal Frame or concrete? \_\_\_\_\_

Number of Covered Slips \_\_\_\_\_ Val C\$ \_\_\_\_\_

Number of Open Slips \_\_\_\_\_ Val C\$ \_\_\_\_\_

What services do you supply? \_\_\_\_\_

Supplier/Manufacturer? \_\_\_\_\_

Do you have covered slips, dock, pontoons or boat houses ashore or afloat  Yes  No

If yes, please provide on a separate sheet, full details of these structures including Size Capacity, Age, Construction and Re-Building Value including debris removal costs.

If you have a report / valuation which has been prepared during the past 3 years a copy of his should be attached.

How are the pontoons secured to the seabed? \_\_\_\_\_ No. of piles? \_\_\_\_\_

Are the pontoons subject to tidal conditions?  Yes  No

Minimum depth of water \_\_\_\_\_ Maximum depth of water \_\_\_\_\_

What is the largest size and type of vessel that can be berthed? \_\_\_\_\_

What are your budgeted annual maintenance costs? C\$ \_\_\_\_\_

What is the reinstatement value of your marine structures including installation costs and services provided? C\$ \_\_\_\_\_

## Section 3 - Third Party Liability

Limit of Indemnity you require in respect of your **Third Party Liabilities**

Select from:  C\$1m  C\$2m  C\$5m  Specify other C\$ \_\_\_\_\_

Type and number of berths:

- a) Pontoons \_\_\_\_\_
- b) Swing Moorings \_\_\_\_\_
- c) Other \_\_\_\_\_

Do you restrict access to berth holders only?  Yes  No

Maximum length of any vessel that can berth at your facility: \_\_\_\_\_

Are there facilities for lifting vessels out of the water?  Yes  No

**If yes, complete p.13, Physical Damage to Handling Equipment**

Do you sub-contract the lifting facilities?  Yes  No

**If Yes, to whom?**

\_\_\_\_\_

Maximum number of vessels that you can store on land: \_\_\_\_\_  Yes  No

Do you sell diesel, gas or other fuels?

Age of the tanks: \_\_\_\_\_

Is there a separate "cut-off" valve between the tank and pumps  Yes  No

Distance from the nearest building,  
 mooring or other pontoon? \_\_\_\_\_

Do you winterize craft for winter storage?  Yes  No

**If Yes, please give details** \_\_\_\_\_

Types of repair work you carry out: \_\_\_\_\_

Materials used, tick as applicable:

GRP  Wood   
Steel  Aluminium

Maximum hull size/type/largest vessel you will carry out repairs on: \_\_\_\_\_

Do you carry out work in respect of Osmosis treatments?  Yes  No

Do you carry out work away from your premises?  Yes  No

If Yes, please give details of work undertaken:

Do you use welding or flame cutting equipment, blow lamps or blow torches in such work away from your premises.  Yes  No

If Yes, please provide estimated wage roll of those involved. C\$ \_\_\_\_\_

Do you work overseas  Yes  No

If Yes, which countries: \_\_\_\_\_

Do you require cover in respect of **Products Liability**?  Yes  No

If Yes, Limit of Indemnity required: C\$ \_\_\_\_\_

Please give details of products to be covered: \_\_\_\_\_

Do you require **Waterborne Liabilities**?  Yes  No

If Yes, Limit of Indemnity required: C\$ \_\_\_\_\_

Please give details of waterborne activities to be covered: \_\_\_\_\_

## Section 4 - Business Interruption Cover

Please note that some Indications will only be offered cover following restricted Perils under specific Sections.

Gross Annual Turnover from your Business activities as declared under Part A: C\$ \_\_\_\_\_

Estimated Gross Profit for your current year: C\$ \_\_\_\_\_

Increased Cost of Working: C\$ \_\_\_\_\_

Maximum Indemnity Period: \_\_\_\_\_ Months

If specified Suppliers/Customers Extensions are required please complete the following;

| Suppliers/Customers Name | Address | Limit |
|--------------------------|---------|-------|
|                          |         | C\$   |
|                          |         | C\$   |
|                          |         | C\$   |
|                          |         | C\$   |
|                          |         | C\$   |

Do you employ a professional accountant?  Yes  No

If Yes, please provide name and address:

|         |  |
|---------|--|
| Name    |  |
| Address |  |

## Section 5 – Physical Damage to Handling Equipment

Please provide details of all handling equipment at all locations, even if accidental damage cover for the item is not required

| Item | Age | Last mandatory Inspection date | Lifting Capacity | Current Value (C\$) | Is accidental Damage required? |
|------|-----|--------------------------------|------------------|---------------------|--------------------------------|
|      |     |                                |                  |                     |                                |
|      |     |                                |                  |                     |                                |
|      |     |                                |                  |                     |                                |
|      |     |                                |                  |                     |                                |
|      |     |                                |                  |                     |                                |
|      |     |                                |                  |                     |                                |
|      |     |                                |                  |                     |                                |
|      |     |                                |                  |                     |                                |

\*NB All values declared above are taken to be the new replacement cost unless second hand value is clearly indicated.

\*PLEASE NOTE: Statutory inspection requirements and machinery breakdown covers are not included within our contract.  
 Arrangements should be made through your Insurance Advisor.

## Section 6 – Vessels under Construction

### Production Boat Builders

PLEASE ATTACH BROCHURES AND/OR DETAILS OF CRAFT BUILT

Type of Vessels, hull construction, speed and values of the vessels you build

Do you have experience in building this type of vessel(s)  Yes  No

If Yes, how many years? \_\_\_\_\_

Who designed the vessel? \_\_\_\_\_

No. of vessels you have built in the last three years? \_\_\_\_\_

In the last year? \_\_\_\_\_

What has been your average annual income from the sale of these vessels? C\$ \_\_\_\_\_

Have you built any prototype/custom vessels in the last five years?  Yes  No

If Yes, please **attach** details

No. of vessels you have sold to buyers resident in USA within the last five years? \_\_\_\_\_

What is the highest **completed value** of any one vessel? C\$ \_\_\_\_\_

What is the maximum number of vessels you will have under construction at any one time? \_\_\_\_\_

What is the **maximum value of all** vessels under construction at any one time? C\$ \_\_\_\_\_

Do you carry out work away from your workshop/boatyard?  Yes  No

Do you work overseas?  Yes  No

If Yes, specify countries: \_\_\_\_\_

Is cover required for:- demonstrations or trials or tests  Yes  No

### Individual Builds

Full description of vessel including type, hull construction, length, engines:

Do you have experience in building this type of vessel  Yes  No

If Yes, how many years? \_\_\_\_\_

Who designed the vessel? \_\_\_\_\_

Completed value: C\$ \_\_\_\_\_

Value(s) at specific intervals: \_\_\_\_\_

Where is the vessel being built? \_\_\_\_\_

Is construction under cover?  Yes  No

Expected completion date: \_\_\_\_\_

## Section 7 – Vessels

Complete this section if the vessel(s) is/are considered part of and/or ancillary to your business.  
 If more than one vessel is to be insured, please take additional copies of this section and attach to this application

Name and Type of Vessel: \_\_\_\_\_

Class or Manufacturer's Title: \_\_\_\_\_

Please tick applicable:

Sail                      Date of purchase: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Purchase price:      C\$ \_\_\_\_\_  
 Monohull  
 Multihull                  Current market value of the Vessel:                      C\$ \_\_\_\_\_  
 Power

Please complete the following table if the value includes; trailer, outboard or additional equipment

|            | Trailer | Outboard | Additional Equipment |
|------------|---------|----------|----------------------|
| Value      |         |          |                      |
| Make/Model |         |          |                      |
| Serial No. |         |          |                      |

Is the trailer fitted with a wheel clamp when left unattended?                       Yes    No

If no, please detail other forms of security? \_\_\_\_\_

Hull construction material: \_\_\_\_ Year built: \_\_\_\_\_

Length: \_\_\_\_\_

Beam \_\_\_\_\_

Draft \_\_\_\_\_

Engine make & model \_\_\_\_ Engine HP \_\_\_\_\_

Fuel Type: \_\_\_\_\_

Maximum designed speed of the Vessel: \_\_\_\_\_

If over 17 knots, please complete a, b, c:

a)  inboard     outboard     stern drive     jet

b) Is the outboard fitted with an anti-theft device?  Yes  No

c) Is the boat used for towing water-skiers or similar activities?  Yes  No

Use:

Private pleasure only  Skipper charter  Bareboat charter  Commercial

If Commercial work and / or charter work is undertaken please provide full details: \_\_\_\_\_

If passenger Vessels please give licence details: \_\_\_\_\_

Cruising range required: \_\_\_\_\_

If moored afloat - where?: \_\_\_\_\_

Mooring type:

- Swing
- Piles
- Marina
- Anchor
- Fore & Aft
- Jetty

When was the mooring last surveyed? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By whom: \_\_\_\_\_

Is the Vessel used for racing?  Yes  No

If Yes, please give Full Details: \_\_\_\_\_

Date of last out of water survey: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the last survey is within the last 3 years, a copy should be **attached**.

A survey report will normally be required for vessels over 15 years of age.

Please provide any additional information: \_\_\_\_\_

#### DATA PROTECTION STATEMENT

We will use the information that you supply to administer your policy and deal with any claims. In addition your information will be used for the purposes of business development and trend, business and market analysis. Your information will be kept for as long as is required by the business for these purposes.

Where appropriate we will make checks with a licensed credit referencing agency and a record of any search will be made. Your details may be shared with insurance companies and members of the Lloyd's market for the purposes of administering your policy and for dealing with any claims. We also exchange information with other approved organisations for underwriting and fraud prevention purposes. We will only reveal your personal data to other third parties if it is necessary



for the performance of your agreement with us, you have given your consent or it is required or permitted by law. You can request a copy of the details that we hold about you.

We will not supply your personal information to any third party for the purposes of marketing and we will not contact you with details of any services or special offers that might be of interest to you.