

BOAT DEALERS APPLICATION

1. Applicant's name and mailing address:			
2. Number of years in business:			
3. Additional related experience of owner/operator:			
4. Address of location(s) to be insured:			
a.			
b.			
c.			
5. External Security: <i>(advise for each location)</i> <i>(attach separate sheet if needed)</i>			
Locked compound: <input type="checkbox"/>	24 Hour watchman <input type="checkbox"/>	Central alarm <input type="checkbox"/>	
Fully fenced yard: <input type="checkbox"/>	Night watchman <input type="checkbox"/>	Monitoring alarm <input type="checkbox"/>	
Other <i>(describe)</i> : <input type="checkbox"/>	Guard dogs <input type="checkbox"/>	Local alarm <input type="checkbox"/>	
6. External Fire Protection: <i>(advise for each location)</i> <i>(attach separate sheet if needed)</i>			
Nearest fire hydrant: kms	Nearest fire hall: kms	Voluntary fire hall: <input type="checkbox"/>	Paid: <input type="checkbox"/>
7. If vessels are kept in a building attach a supplementary building application.			
8. Advise maximum values at risk per location:			
a.			
b.			
c.			
9. Maximum value any one vessel:		Average value:	
10. Maximum number of vessels at risk any one time (all locations):		Average number:	
11. Percentage of vessels which are consignment sales:			
12. a. Do you have a sales agreement for consignment sales:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes, please attach a copy.			
13. a. Describe types of vessels sold (ie power, sail etc...):			
b. Maximum speed each type			
14. Annual gross receipts:			
15. a. Does applicant participate in any boat shows:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. On average, how many per year:			
16. a. Do you provide demonstrations?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Where are demonstrations conducted?			
c. Number of demos per year on average:			

d. Do you allow water skiing or use of water toys during demos?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. a. Do you provide delivery of vessels to customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Describe delivery method (ie truck, trailer etc...)		
c. Describe delivery area (eg. within B.C. etc...)		
d. Do you require insurance for these deliveries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. a. Previous Insurer:	b. Policy No.	
c. Expiry date:		
19. a. Have you ever been refused insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes please advise why:		
20. a. Claims in the past 5 years (please give full details):		
b. Have you been involved in any major losses at any time? If so, please provide details:		
21. COVERAGES REQUESTED:		
Section A) Limit of liability any one vessel:		
Limit of liability any one location:		
Limit of liability any one accident or occurrence:		
Section B) Protection and Indemnity limit of liability:		

Agent's Name and Address: _____

Agent / broker'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.