



## 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 \_\_\_\_\_

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### 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:** \$ \_\_\_\_\_

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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.