



Boat Storage Application

Applicant's Name: _____

Mailing Address: _____ City: _____ Postal Code: _____

Number of years in business: _____

Name and personal experience of owners: _____

Operations of Insured: _____

Address of location(s) to be insured:

- _____
- _____
- _____

Are vessels kept in a building? Yes No
If yes are building(s) Owned or Rented

External Security:	(advise for each location)	(attach separate sheet if needed)
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 (describe): _____	Guard dogs: <input type="checkbox"/>	Local alarm <input type="checkbox"/>

External Fire Protection:	(advise for each location)	(attach separate sheet if needed)
Nearest fire hydrant: _____ kms	Nearest fire hall: _____ kms	Voluntary fire hall: <input type="checkbox"/> or Paid fire hall: <input type="checkbox"/>

Maximum value any one vessel: \$ _____ Average value: \$ _____

Maximum number of vessels at risk any one time (all locations): _____

Percentage of vehicles being stored which are not watercrafts? 10% 15% 25% over 30%

Do you have a hold harmless agreement in place? Yes No
We will need a copy within 10 days of binding.

Do you provide pick-up and delivery of vessels? Yes No
If yes what is the maximum distance travelled? _____ kms

Estimated Annual gross receipts: \$ _____



Loss History:

Has the applicant suffered any losses or claims within the past 5 years in relation to this business? Yes No

If yes, give details _____

Previous Insurer: _____ Policy No.: _____

Expiry date: _____

Have you ever been refused insurance? Yes No

If yes, please advise why: _____

Limit of Liability Insurance:

\$1 Million \$2 Million \$5 Million other \$ _____

Is CGL also required? Yes No

Date: _____

Agent Name _____

Brokerage Firm: _____

Address: _____ City: _____

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.