



BOAT DEALER SUPPLEMENTAL APPLICATION

(Include with ACORD application)

Applicant Name:
Billing contact name:
FEIN:

Date:
SIC code:

COVERAGES REQUESTED

Boat Dealer's Legal Liability coverage limit requested:
\$500,000 \$1,000,000

Protection & Indemnity limit requested:
\$100,000 \$250,000 \$500,000 \$1,000,000

Equipment / Tools (use ACORD if additional coverages are needed).
Limit: \$ Description:

All Property excluding Boat Stock / Inventory (Make sure it is clearly indicated on the ACORD form).

Stock / Inventory – fill out Section IV of this application.

General Liability – make sure description and exposure (receipts/payroll, etc.) are clearly indicated on ACORD.

SECTION I – GENERAL INFORMATION

1. Gross Annual Receipts:		Annual Payroll:
Boat Sales	\$	Repair (Labor) \$
Parts & Accessories	\$	
ATV Sales	\$	
Snowmobile Sales	\$	
Jet-Ski Sales	\$	
Fueling	\$	
Snack Bar / Restaurant	\$	
Rental	\$	
Miscellaneous Receipts	\$	Description:

2. State period of seasonal operation, If any: _____ to _____
3. During closed period, what steps are taken to protect premises? (Describe):
4. Body of water:

SECTION II – PROTECTION AND INDEMNITY

1. For owned watercraft, indicate number, length and horsepower:
2. For owned watercraft, are crew covered? Yes No
If yes, #
3. Please fully describe owned watercraft operation if the Applicant is requesting P & I coverage for this exposure:
4. Please fully describe rental operation if the Applicant is requesting P & I coverage for this exposure:

SECTION III – GENERAL LIABILITY

Products Sold (ex. boats & ship stores)	Annual Sales	# of Units	Intended Use

Explain all “Yes” responses:

1. Does the Applicant install service or demonstrate products? Yes No
2. Foreign products sold, distributed, used as component? Yes No
3. Research and development conducted or new products planned? Yes No
4. Guaranties, warranties, hold harmless agreements? Yes No
5. Products recalled, discontinued, changed? Yes No
6. Products of others sold or repackaged under applicant's label? Yes No
7. Products under label of others? Yes No
8. Does any named insured sell to other named insured? Yes No
9. Products manufactured? Yes No

Explanations:

Please attach literature, brochures, labels, warnings etc.

General Information: (Explain all “Yes” responses):

1. Any exposure to radioactive / nuclear material? Yes No
2. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material? Yes No
3. Any operations sold, acquired, or discontinued in last five (5) years? Yes No
4. Any structural alterations contemplated? Yes No
5. Any demolition exposure contemplated? Yes No

Explanations:

6. Is there a **repair facility** on premises? Yes No
- If "Yes": Number of repairs in the last twelve (12) months:
 Maximum values in repair facility at any one time: \$
 Maximum value of any product repaired: \$
 Average value of any repair: \$
 Is the work inspected by foreman / owner before delivering to customer? Yes No
 Are customers kept out of shop area? Yes No
 Are mechanics certified by the manufacturer? Yes No
 By whom?
 What type of repair work is done?
7. Is there a **fueling operation** on premises? Yes No
- If "Yes": Who fuels the watercraft?
 Gas and /or diesel?
 Condition of hoses and tanks:
 Proximity to water:
8. **Dealer Operation:**
 Is the Applicant or his authorized employee in command of the boat at all times? Yes No
 What types of boats are sold (runabouts, pontoons, houseboats, etc.)?
9. Is there a **towing service** available? Yes No
- Total receipts generated by towing operation: \$
 What types of vessels are used?
10. Please describe general condition of boat dealer operation:
 Lighting:
 Safety Signs:
 Smoke Detectors:
 Burglar and Fire Alarm:
11. Please give any other special area of concern or additional GL exposures (boat brokers, bottom cleaning divers, trailer parks and/or excursion boats):

SECTION IV – BOAT DEALERS

1. **Inventory:** Physical damage coverage on boats, ATVs, snowmobiles, jet skis, motors, trailers, and supplies held for sale (i.e. inventory):

Last inventory date: Value \$
 Prior inventory date: Value \$
 (Inventory dates should be at least six (6) months apart)

	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>
Values in building	\$	\$	\$	\$
Values in open area	\$	\$	\$	\$
Values in water	\$	\$	\$	\$
Sales:	New	%	Used	%

- | | | | | |
|--|----------------------|----------------------|---------------------|----------------------|
| Does the Applicant allow unaccompanied test rides by customers?
Limit for property at any other location (boat shows and exhibits): \$
Limit for property in transit at your risk: \$
Is an assembly of the products required?
Describe: | Yes | No | | |
| 2. Did the manufacturer train / certify your assemblers?
Describe: | Yes | No | | |
| 3. Does the manufacturer require a minimum age for use / sale of their products?
Describe precautions taken to ensure the manufacturer's rules are strictly followed: | Yes | No | | |
| 4. Is the Applicant's dealership listed / covered as a vendor under the manufacturer's policy? (Attach certificate) | Yes | No | | |
| 5. Is there a hold harmless agreement in place between the manufacturers and the Applicant's dealership? | Yes | No | | |
| 6. Does the Applicant sell any used 3-wheeled ATV'S? | Yes | No | | |
| 7. Storage: | <u>Loc. 1</u> | <u>Loc. 2</u> | <u>Loc.3</u> | <u>Loc. 4</u> |
| Maximum # of products stored in building at any one time: | | | | |
| Maximum # of products stored in the open at any one time: | | | | |
| Estimated total value in storage: | \$ | \$ | \$ | \$ |
| 8. Any wet storage? | Yes | No | | |
| 9. Any multi-tiered storage?
If yes, is forklift operation restricted to specially trained employees? | Yes
Yes | No
No | | |

SECTION V – FALSE PRETENSE COVERAGE

Note: \$50,000 Limit for false pretense coverage included in property enhancement.

- Describe all customer screening practices (identification check, credit check, title check on used boats, and trade-ins, loan verification, etc.)

SECTION VI – PIERS, WHARVES AND DOCKS

- Does the Applicant have any piers, wharves or docks?
If yes, number: _____ Permanent? _____
Year built : _____ Property limit: \$ _____
Use: _____
Condition: _____

SECTION VII - FLOOD

- | | | |
|---|-----|----|
| 1. Does the Applicant have a current Flood policy in force?
(If yes, attach a copy of the Declarations sheet) | Yes | No |
| 2. If no, would you like a Flood quote with our proposal?
(Flood quote will be secured through the Write Your Own Flood Program) | Yes | No |

LOSS RECORD

Please attach a detailed description of all claims incurred greater than \$10,000 during the past five years to property or from operations covered by this form of policy, including date, cause, amount paid or estimated amount, if claim not settled, and actions taken by the insured to prevent a similar claim in the future. **If none, state "none"**.

- **Currently valued insurance company loss runs for the current policy period plus three prior years**
- **Please attach all of the insured's agreements with customers.**

The applicant warrants that all answers to the questions on this application are true and correct. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Fraud Notice

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature : _____ Date:
Agent Signature: _____ Date: