



BOAT DEALER SUPPLEMENTAL APPLICATION

(Include with ACORD application)

Applicant Name:
Billing contact name:
FEIN:

Date:
SIC code:

COVERAGES REQUESTED

Marina Operators Legal Liability coverage limit requested
\$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000

Marina Operators Legal Liability Deductible
\$1,000 \$2,500 \$5,000

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

Equipment / Tools (use ACORD if additional coverages are needed)
Limit: \$ Description:
*Note: Insured tool limit of \$25,000 provided on Elite Property Enhancement

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: \$	
	Cabin / Dwelling Rentals: \$	
	Storage/Moorage Sales: \$	
	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, how many:

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

Explain all “Yes” responses:

- | | | |
|---|-----|----|
| 1. Does the Applicant install service or demonstrate products? | Yes | No |
| 2. Foreign products sold, distributed, used as a 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 |
| 6. Are there any pools on the premises? | Yes | No |
| a. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| b. If no, provide time table and action plan: | | |

Explanation:

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

SECTION IV – BOAT DEALERS

1. Total inventory value: (no item over \$300,000 to be included) \$
- | | | |
|------------------------|------------------------|----------------------|
| How many items between | | |
| \$5,000 - \$10,000: | \$10,000 - \$25,000: | \$25,000 - \$50,000: |
| \$50,000 - \$100,000: | \$100,000 - \$300,000: | |
- Total inventory value (over \$300,000 individually): \$
- | | | |
|------------------------|------------------------|----------------|
| How many items between | | |
| \$300,000 - \$500,000: | \$500,000-\$1,000,000: | \$1,000,000 +: |

YEAR	MAKE/MODEL	VALUE	SERIAL NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

2. **Inventory:** Physical damage coverage on boats, ATVs, snowmobiles, jet skis, motors, trailers, and supplies held for sale (i.e. inventory): *(Inventory dates should be at least six (6) months apart)*

Last inventory date:		Value: \$
Prior inventory date:		Value: \$

	Loc. 1	Loc. 2	Loc. 3	Loc. 4
Values in building:	\$	\$	\$	\$
Values in open area:	\$	\$	\$	\$
Values in water:	\$	\$	\$	\$

Sales New: % Used: %

Does the Applicant allow unaccompanied test rides by customers? Yes No

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

3. Did the manufacturer train / certify your assemblers? Describe: Yes No

4. Does the manufacturer require a minimum age for use / sale of their products? Yes No

Describe precautions taken to ensure the manufacturer's rules are strictly followed:

5. Is the Applicant's dealership listed / covered as a vendor under the manufacturer's policy? (Attach certificate) Yes No

6. Is there a hold harmless agreement in place between the manufacturers and the Applicant's dealership? Yes No

7. Does the Applicant sell any used 3-wheeled ATV'S? Yes No

8. Storage:	Loc. 1	Loc. 2	Loc. 3	Loc. 4
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:	\$	\$	\$	\$

9. Any wet storage?	Yes	No
10. Any multi-tiered storage?	Yes	No
If yes, is forklift operation restricted to specially trained employees?	Yes	No

SECTION V – PIERS, WHARVES AND DOCKS

1. Does the Applicant have any piers, wharves or docks? If yes, please complete a separate PHLY Docks, Piers, Wharves application.	Yes	No
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SECTION VI – LIMITED POLLUTION

1. Is the Applicant interested in Limited Pollution coverage?	Yes	No
2. Does the Applicant have a current Environmental policy?	Yes	No
3. Does the Applicant have any storage tank systems?	Yes	No
4. Is the Applicant seeking coverage for remediation and/or clean-up?	Yes	No
If the Applicant answered “yes” to question 2, 3, or 4 above would you like a separate Environmental quote?	Yes	No

SECTION VII - 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.**

FRAUD NOTICE STATEMENTS

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."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS 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 FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

RESIDENTS OF 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."

RESIDENTS OF FLORIDA RESIDENTS 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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, 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."

RESIDENTS OF KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

RESIDENTS OF LOUISIANA 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 FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

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

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

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

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF 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 MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

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

RESIDENTS OF WEST VIRGINIA 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 FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title
(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN OR EXECUTIVE DIRECTOR)

Signature

Date

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)