BOAT DEALERS INSURANCE APPLICATION

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

SECTION 1 - INFORMATION ON THE APPLICANT

1. Applicant's name:

_____

2. Applicant's address:

_____

3. Phone number: _____

4. Email: _____

5. Loss payable to:

_____

6. Any mortgage or other encumbrance? ☐ Yes ☐ No
If Yes, please give the full particulars

_____

SECTION 2 - MANUFACTURER AND BOAT TYPES SOLD

Boat/Supplies	**Manufacturer(s)**	**Total Values - All Locations Combined during the last 12 months**
Cruisers	_____	_____
Sailboats	_____	_____
Outboard Boats	_____	_____
Marine Supplies	_____	_____
Other _____	_____	_____

% of consignment – New vs. Used _____

SECTION 3 - DEMONSTRATION

Location _____
Average number per month _____
Max. # of boats afloat at any one time _____
Operators/Supervisors for demonstration _____
Demonstration Location _____

SECTION 4 - DEMONSTRATION

Location	Address	In building	Open area	Age of building	Amounts of last inventory	Amounts of previous inventory (at least 6 mths. prior)	Fire contents & extended coverage rates	Protection
1								
2								
3								

Limits desired at above locations

Location	Average # of boats	Min./max. exposure/month	Any one boat	Marine supplies	Average monthly inventory	Limit of liability desired any one disaster
1						
2						
3						

Annual sales of boats current $ _____
Previous year $ _____
Total annual sales projected for coming years $ _____

SECTION 5 - TRANSPORTATION

At risk of dealer	Us exposure	Number of trips annually	Average distance of trips	Limits - any one boats
☐ By railroad/approved public carriers				
☐ By dealer's truck or trailers				
☐ Navigation under own power				

Maximum number of boats - any one time, any one trip _____
Maximum number of miles - any one time, any one trip _____
Maximum values of all boats - any one trip _____

SECTION 6 - RISK IN TRANSIT FROM THE FACTORY TO THE INSURED'S PREMISES

1. Will boats be at your risk during such transit? ☐ Yes ☐ No
   If Yes, please the cities from which shipments will be made.
   _____

2. If by water, who will operate the vessel?
   _____

3. If by truck or trailer, give carrier's name and address?

_____

4. Will a release of liability be given to railroad or other carrier? ☐ Yes ☐ No

SECTION 7 - BURGLARY PREVENTION DEVICES

1. Please indicate if any of the following burglary prevention devices are maintained in your buildings.
   - ☐ Underwriters laboratories certified central station alarm system
   - ☐ Watchman service at all times when premises not open for business
   - ☐ Alarm system with outside gong or siren
   - ☐ Other (Please describe)

   _____

   - ☐ Continuous 72 hrs. Check

2. Please indicate if any of the following burglary prevention devices are maintained in your open lots.
   - ☐ Area completely fenced and floodlit at night
   - ☐ Small boats/Small outboards secured to fixed object

   Please describe area and location

   _____

   - ☐ Watchman Service at all times when premises not open for business
   - ☐ Continuous 72 hrs. Check

   Please describe area and location

   _____

SECTION 8 - ADDITIONAL COVERAGE(S) AND INFORMATION

This form of policy does not cover properly stored for others or new vessels under construction or liability arising out of ship repair or operations.

1. Please state whether you conduct any of these activities. ☐ Yes ☐ No
2. Does dealership sell other motorized equipment? ☐ Yes ☐ No
3. Does dealership sell or demonstrate personal watercraft? ☐ Yes ☐ No
4. At any new location acquired, or at any location or exhibition, or any used vessels acquired as trade-ins at risk away from listed premises. $ _____

Note: If frequent inventories have been taken during the last 12 months, please attach the details, segregated by premises and areas. If no inventory was taken during the last 12 months, or if taken and not segregated, please estimate average values at risk and indicate accordingly.

SECTION 9 - PROTECTION AND INDEMNITY INSURANCE

1. Please indicate limits of liability (as noted below) when vessels are afloat only, on which you may desire coverage for your liability to others for property damage, loss of life, or personal injury (excluding all employees), arising out of the use of vessels as demonstrators, during water delivery or while otherwise afloat.
   - ☐ $100,000 ☐ $250,000 ☐ $500,000
   - ☐ $1,000,000 ☐ Not needed

2. Have you previously carried boat dealers insurance? ☐ Yes ☐ No
   If Yes, name the company.

   _____

3. Has any company refused or cancelled any insurance applied for or in force in the past? ☐ Yes ☐ No
If yes, why?

_____

4. List any losses within the last five years. Include dates and amounts.

_____
_____
_____

5. How long have you been operating this business?

	Numbers of years
At this location	_____
Other locations	_____
Total number of years	_____

6. Provide name of manager and describe their experience.

_____
_____

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that to the best of his knowledge the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.