

North American Marine Underwriters

Boat Dealer's / Marina Operators Supplemental Application (Supplement to Accord Applications)

Name of Insured: _____ Proposed Effective Date: _____

Address: _____

_____ State: _____ Zip Code: _____

Contact Name & Telephone Number : _____

GENERAL INFORMATION

Description of operations: _____

Years in Business: _____ Present Insurer: _____

Has any company declined, cancelled or non-renewed any similar coverage in the prior 3 years? _____

If yes, give details: _____

BUILDING/PREMISES INFORMATION

Describe protection systems in use (Fire Alarms, Burglar Alarms, Flood Lights, Watchmen, Fencing, Guard Dog) for each covered location:

Distance to Fire Hydrants: _____ Distance to Fire Station: _____

BOAT DEALERS

List Brands Sold: Boats: _____

Engines: _____

Trailers: _____

Do you sell? Snowmobiles: yes no Jet Skis or Personal Watercraft: yes no RV's: yes no

All terrain vehicles or similar: yes no Foreign mfg. Products: yes no

Inventory: Inside: Average \$ _____ Maximum \$ _____

Outside: Average \$ _____ Maximum \$ _____

Afloat: Average \$ _____ Maximum \$ _____

Any One Boat: Average \$ _____ Maximum \$ _____

Peak Inventory last 12 months: \$ _____ Inside \$ _____ Outside

Limits Desired: \$ _____ On any one boat Deductible \$ _____

\$ _____ While in transit

\$ _____ While on exhibit

\$ _____ Any one casualty

Number of boat shows/exhibitions per year: _____

Are boats consigned to other dealers? _____ If yes, maximum value \$ _____

Are boats consigned from other dealers? _____ If yes, Maximum value \$ _____

Loss Payees: _____

Do you use your vehicles to: Pick up new boats from the manufacturer : yes no

Pick up or deliver customer's boats: yes no

Radius of operation _____ miles

Safety/Pre-Delivery Checklist: Utilized on: Every sale Customer signature required

Identifies manuals provided customer Describe new boat walk through

How long are records, including repair records maintained? _____

False Pretense Limit Requested \$ _____ False Pretense Deductible \$ _____

False Pretense Exposures: Customer Screening Practices (mark all that apply)

Identification Check Loan Verification Credit Check

Title Check on used boats and trade ins Other (describe) _____

MARINA OPERATORS LEGAL LIABILITY:

Limit Requested \$ _____ Per Boat \$ _____ Per Occurrence

Deductible \$ _____

1. BOAT REPAIRS

Types of Boats repaired: _____ % Personal _____ % Commercial

Types of work:

_____ % General Maintenance _____ % Engine _____ % Electrical
_____ % Welding _____ % Painting _____ % Fiberglass Hull Repairs
_____ % Wooden Hull Repairs _____ % Structural _____ % Other (describe): _____

Repair work done: Inside Buildings: _____ %
Outside Buildings: _____ %

Value of Boats: \$ _____ Average \$ _____ Maximum

Do It Yourself Exposures (type permitted – be specific): _____

Describe Customer Controls: _____

Are Trial runs performed on completed work? Yes No If yes, approximate # per year _____

Are Subcontractors used for repair? Yes No If yes, are certificates required? _____

Does Applicant repair boats over 65ft in Length: Yes No

Estimated Gross Receipts for Repair Operations \$ _____

2. STORAGE

Number of vessels stored: _____ Inside _____ Outside _____ in water

Average value \$ _____ Maximum Value \$ _____

Type of storage: Cradles _____ % Jack Stands _____ % Indoor Racks _____ % Outside racks _____

Trailers _____ %

Are Storage agreements used? Yes No If so, please attach copy

Estimated Gross Receipts for Storage Operations \$ _____

3. SLIP RENTAL & MOORAGE

Number of slips available: _____ Number of Covered Slips: _____

Average Value per boat \$ _____ Maximum Value per Vessel \$ _____

Number of Moorings Available: _____

Is Slip Rental/Mooring Agreement Used? Yes No If yes, please attach copy

Describe maintenance schedule on slips, docks & moorings: _____

Estimated Gross Receipts for Slip Rental/Moorings Operations \$ _____

4. HAULING & LAUNCHING (not in conjunction with Repair/ Storage)

Type of lifts and Rated Capacity: _____

Describe maintenance program for lifting equipment: _____

Number of boats handled per year: _____ Average Value \$ _____ Max. Value \$ _____

Maximum distance for transporting boats: _____ MVR's on file for drivers? _____

Is hauling or launching subcontracted? _____ If yes, are certificates obtained? _____

Estimated Gross Receipts for Hauling & Launching Operations \$ _____

5. FUELING

Fuel Tank(s): Above ground or underground? _____ Age _____ Construction _____

Fire Extinguishers present? Yes No Are fueling warnings/instructions posted? Yes No

Who does fueling? Employee Boat Owner

Estimated Gross Receipts from Fueling Operations \$ _____

PROTECTION & INDEMNITY

Limit Desired \$ _____

Number of owned workboats: _____ (Please include a description under owned watercraft section)

Is crew coverage desired? Yes No Do you have any USCG licensed crew on staff? Yes No

Are customer boats delivered over water? Yes No If yes, maximum distance: _____

If Boat Dealer, number of demos annually? _____ Who operates boats during demos? _____

PIERS & DOCKS

Description of Property to be insured: _____

Type of construction: _____

Fixed or Floating : _____

Number of Open Slips: _____ Number of Covered Slips: _____

Year built: _____ Separate Fuel Dock? _____

How are Docks anchored? Pilings Cable Other (describe) _____

Describe physical Protection from wind and waves (breakwater, protected cove, etc..) _____

Describe physical protection from ice (bubbler system, etc...) _____

Are Floating Docks/Slips removed from water during winter months? Yes No

Describe Maintenance: _____

Utilities: Water Electrical Other (Describe): _____

Stand pipes/Fire extinguishers: _____

Value of Property to be insured \$ _____

ACV or Replacement Cost (coinsurance is automatically 100% if Replacement Cost is offered): _____

Deductible desired \$ _____ Wind Deductible Desired \$ _____

OWNED WATERCRAFT

Description of boats to be insured:

Make	Year Built	Length	HP	Hull Material	Value	Deductible

Navigation area for above boats: _____

Are any boats used for towing ? Yes No

RENTAL WATERCRAFT

Attach complete list of all rental watercraft, including a description of Use, Type, Year, Make Model, Length, HP, and Serial # and an insured value for Physical Damage coverage

Estimated Gross Receipts from Boat Rental \$ _____

Describe customer screening procedures (drivers license, past experience, instructions, radius): _____

Describe sign off procedures: _____

Do you provide a "demo" ride to all renters? Yes No Explain: _____

Describe minimum Age requirements: _____

What is normal rental season? From: _____ To: _____

Boats rented with crew? Yes No Describe: _____

LOSS INFORMATION – prior 5 years (if none state none)

Date of loss	Description	Paid/Reserve	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby declare that I have personally read this application and that the statements are true. I understand that this is not a binder of insurance and is information submitted only for the purpose of rating and quotation.

Applicants signature _____

Date _____

Agency _____

Address _____

Agency Code (if Hanover Agent) _____