



# Boat Dealers and Marina Operators Policy Application

## Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

## NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

## I. GENERAL INFORMATION (to be completed by all Applicants)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

All monetary values in this questionnaire are:  CAD  USD

Applicant is:  Individual  Partnership  Corporation

Loss Payee(s): \_\_\_\_\_

**Scheduled Premises:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Premises Operations:**

Premises No.	Covered Operations (See Codes below)	Code	Operation
1	_____	1	Boat Dealership
2	_____	2	Marina:
3	_____	A	Alterations, Repair or Maintenance
		B	Hauling or launching, Not in Conjunction With A or D
		C	Mooring at Slips, Spaces or Buoys Rent By you
		D	Storage
		E	Fueling
		F	Other, specify:

**Boat Dealers – Coverage A:**

Coverage Limit Requested \$ \_\_\_\_\_

Reporting Provisions:  Non-Reporting  
 Reporting  Monthly  Quarterly  Semi-Annual  Annual

Annual Sales of Boats	Current Year	Previous Year	Coming Year (Projected)
Total Annual Boat Sales	\$ _____	\$ _____	\$ _____
Total Annual Marine Supply Sales	\$ _____	\$ _____	\$ _____

**Limits desired on each premises:**

	Ave. value of any one boat	Ave. # of boats	Max. value of any one boat	Max. # of boats	Ave. Monthly Inventory
Premises 1 - Inside	\$ _____	# _____	\$ _____	# _____	\$ _____
- Outside	\$ _____	# _____	\$ _____	# _____	\$ _____
- Afloat	\$ _____	# _____	\$ _____	# _____	\$ _____

	Ave. value of any one boat	Ave. # of boats	Max. value of any one boat	Max. # of boats	Ave. Monthly Inventory
Premises 2 - Inside	\$ _____	# _____	\$ _____	# _____	\$ _____
- Outside	\$ _____	# _____	\$ _____	# _____	\$ _____
- Afloat	\$ _____	# _____	\$ _____	# _____	\$ _____
Premises 3 - Inside	\$ _____	# _____	\$ _____	# _____	\$ _____
- Outside	\$ _____	# _____	\$ _____	# _____	\$ _____
- Afloat	\$ _____	# _____	\$ _____	# _____	\$ _____

Any consignment sales?  Yes  No

If yes, percentage of boats which are consignments sales: \_\_\_\_\_

Do you have a sales agreement for consignment sales?  Yes  No

If yes, please attach a copy.

**Manufacturers and type of boats sold (Gas/Diesel/Sail/E-Boat/Other):**

Manufacturer \_\_\_\_\_ Boat Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Boat Type \_\_\_\_\_

Manufacturer \_\_\_\_\_ Boat Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Boat Type \_\_\_\_\_

Manufacturer \_\_\_\_\_ Boat Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Boat Type \_\_\_\_\_

**Transit Exposures:**

Are any boats delivered from manufacturer at your risk?  Yes  No

If yes, how are they delivered? \_\_\_\_\_

Maximum Value any one delivery \_\_\_\_\_

Estimated # of delivery per year: By land \_\_\_\_\_ By water \_\_\_\_\_

Do you provide delivery of vessels to customers?  Yes  No

If yes, how are they delivered? \_\_\_\_\_

Delivery area (ie within B.C. etc.) \_\_\_\_\_

Maximum Value any one delivery \_\_\_\_\_

Estimated # of delivery per year: By land \_\_\_\_\_ By water \_\_\_\_\_

**Demonstrations:**

Estimated # of Demonstration per year: \_\_\_\_\_

Do you allow water skiing or use of water toys during demos?  Yes  No

**Boat Shows:**

# of boats shown annually: \_\_\_\_\_ # of boats each show: \_\_\_\_\_

In water or land: \_\_\_\_\_

Maximum dollar limit any one show: \_\_\_\_\_

Average/maximum distance to show: \_\_\_\_\_

Transported by common carrier or own vehicles? \_\_\_\_\_

**Owned Watercraft – Coverage B:**

Description of Boat	Serial Number	Agreed Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Marina Operator’s Legal Liability - Coverage C:**

Limit of Liability Requested \$ \_\_\_\_\_

Reporting Provisions:  Non-Reporting  
 Reporting  Monthly  Quarterly  Semi-Annual  Annual

**Operations Receipts:**

Alterations, Repair or Maintenance \$ \_\_\_\_\_ Storage \$ \_\_\_\_\_

Hauling or Launching \$ \_\_\_\_\_ Fueling \$ \_\_\_\_\_

Mooring \$ \_\_\_\_\_ E-Boat Charging \$ \_\_\_\_\_

Other, specify \$ \_\_\_\_\_

**Boat Repair (including alterations, repair or maintenance work):**

	Premises 1	Premises 2	Premises 3
Total # of boats under repair any one time	# _____	# _____	# _____
Average value of individual boat under repair	\$ _____	\$ _____	\$ _____
Max. value of individual boat under repair	\$ _____	\$ _____	\$ _____

Breakdown the type of work done as % of total Repair Operations:

Engine	_____	Welding	_____	Rigging	_____
Fiberglass	_____	Painting	_____	Installations	_____
Electrical	_____	Woodworking	_____	Canvas	_____

Does Yard permit owners to work on their own boats?  Yes  No

If yes, please describe fully the restrictions imposed as to the type of work allowed, and any tools and equipment made available for boat owners use: \_\_\_\_\_

**Docking and Mooring:**

	Premises 1	Premises 2	Premises 3
Number of berths available:	Slips # _____	# _____	# _____
	Buoys # _____	# _____	# _____
Average value of individual boat:	\$ _____	\$ _____	\$ _____
Highest valued individual boat:	\$ _____	\$ _____	\$ _____
Covered Slips <input type="radio"/> Yes <input type="radio"/> No	If yes, # of slips _____		
E-Boat Charging Stations <input type="radio"/> Yes <input type="radio"/> No	If yes, # of Stations _____		

**Storage:**

	Premises 1	Premises 2	Premises 3
Maximum # of stored boats:	Outside # _____	# _____	# _____
	Inside # _____	# _____	# _____
	Afloat # _____	# _____	# _____
Average value of stored boats	Outside \$ _____	\$ _____	\$ _____
	Inside \$ _____	\$ _____	\$ _____
	Afloat \$ _____	\$ _____	\$ _____

Rack Storage     Yes     No    If yes, # of pods \_\_\_\_\_

**Protection & Indemnity – Coverage D:**

Limit of Liability requested: \$ \_\_\_\_\_

Number of owned workboats used in conjunction with your business: # \_\_\_\_\_

**General Information:**

Protection at Premises	Premises 1	Premises 2	Premises 3
Security (i.e. watchmen, Fencing, flood lights)	_____	_____	_____
Protection systems currently used (i.e. Central Station, Fire Alarm, Burglar Alarm)	_____	_____	_____
Fire Protection (i.e. sprinklers, Smoke detectors, hydrants)	_____	_____	_____

**Loss Experience:**

Date of Loss	Loss Description	Losses Paid	Outstanding Estimated
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

Has any company declined, cancelled, or non-renewed any insurance applied for during the past five years:  
 \_\_\_\_\_

Previous Insurers: \_\_\_\_\_

**FRAUD NOTICE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete 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 be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

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**APPLICANT**

By: \_\_\_\_\_  
Signature and Title\* Printed Name of Authorized Representative

Date: \_\_\_\_\_

**\* This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

