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## Application for Boat Dealers Insurance

Insurance for  
**Things That Move.™**

**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 – Assured Information

Applicant's Name	Broker's Name
Applicant's Address	Broker's Address
Street	Street
City	City
Postal Code	Postal Code
Phone	Phone
Fax	Fax
Email	Email
Loss Payable To	
Any mortgage or other encumbrance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give the full particulars	
<hr/>	

### 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
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**Section 4 – Locations where Vessels are Stored, Displayed or Otherwise at your risk**

Address	Age of Building	Amounts of Last Inventory	Amounts of Previous Inventory (at least 6 mths. Prior)	Fire Contents & Extended Coverage Rates	Protection
Location 1 Address:  In Building    Open Area					
Location 2 Address:  In Building    Open Area					
Location 3 Address:  In Building    Open Area					

**Limits Desired at Above Locations**

	Average # of Boats	Min./Max. Exposure/Month	Any One Boat	Marine Supplies	Average Monthly Inventory	Limit of Liability Desired Any One Disaster
Location 1						
Location 2						
Location 3						

Annual Sales of Boats Current \$	Previous Year \$	Total Annual Sales Projected for Coming Years \$
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**Section 5 – Transportation**

At Risk of Dealer	Us Exposure	Number of Trips Annually	Average Distance of Trips	Limits – Any One Boats
<input type="checkbox"/> By Railroad/Approved Public Carriers				\$
<input type="checkbox"/> By Dealer's Truck or Trailers				\$
<input type="checkbox"/> 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

Will boats be at your risk during such transit?

- Yes                       No

If yes, please the cities from which shipments will be made.

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If by water, who will operate the vessel?

If by truck or trailer, give carrier’s name and address?

Will a release of liability be given to railroad or other carrier?

- Yes                       No

## Section 7 – Burglary Prevention Devices

Please indicate if any of the following burglary prevention devices are maintained in your buildings

<input type="checkbox"/>	Underwriters Laboratories Certified Central Station Alarm System
<input type="checkbox"/>	Watchman Service at all times when premises not open for business
<input type="checkbox"/>	Alarm System with outside gong or siren
<input type="checkbox"/>	Other (Please describe)
<input type="checkbox"/>	Continuous 72 hrs. Check

Please indicate if any of the following burglary prevention devices are maintained in your open lots

<input type="checkbox"/> Area completely fenced and floodlit at night <input type="checkbox"/> Small boats/Small outboards secured to fixed object Please describe area and location	<input type="checkbox"/> Watchman Service at all times when premises not open for business <input type="checkbox"/> Continuous 72 hrs. Check Please describe area and location
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## 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.

Please state whether you conduct any of these activities.

- Yes                       No

Does dealership sell other motorized equipment?

- Yes                       No

Does dealership sell or demonstrate personal watercraft?

- Yes                       No

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

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

Have you previously carried boat dealers insurance?

Yes       No

If yes, name the company.

Has any company refused or cancelled any insurance applied for or in force in the past?

Yes       No

If yes, why?

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

How long have you been operating this business?

	# of Years
At this location	
Other locations	
<b>Total number of years</b>	

Provide name of manager and describe their experience

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