



## BOAT DEALER APPLICATION

**PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. **Name of Applicant:**

\_\_\_\_\_

2. **Mailing Address:**

\_\_\_\_\_

**Website Address:**

\_\_\_\_\_

3. Number of years in operation:

\_\_\_\_\_

4. Name of operating manager:

\_\_\_\_\_

5. Number of employees working:

Full-time:

\_\_\_\_\_

Part-time:

\_\_\_\_\_

6. LOSS PAYABLE TO:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

7. MANUFACTURERS AND TYPES OF BOATS SOLD

a) Description of boats sold (Manufactured by, models average value, Maximum value)

b) Maximum Inventory:

\$

\_\_\_\_\_

c) Any participation in Boat Shows?

Yes

No

Description of maritime supplies:

8. DEMONSTRATIONS (Must be accompanied by representative or owner of the Boat Dealer)

a) Frequency of demonstrations: \_\_\_\_\_

b) Area of navigation: \_\_\_\_\_

c) Maximum number of boats afloat at any one time: \_\_\_\_\_

d) Where: \_\_\_\_\_

9. TRADE IN VESSELS OR USED VESSELS

a) Are any used vessels held for sale afloat?  Yes  No

b) Number per annum: \_\_\_\_\_

c) Average value: \$ \_\_\_\_\_

10. LIMITS OF LIABILITY DESIRED

a) Address: \_\_\_\_\_

b) Any one boat: \$ \_\_\_\_\_

c) Total limit any one casualty: \$ \_\_\_\_\_

11. RISK IN TRANSIT (from the applicants premises to customer)

a) Will boats be at your risk during such transit?  Yes  No

b) If Yes, please provide details:

c) If by water, who will operate the vessel: \_\_\_\_\_

d) Number of years experience with boats: \_\_\_\_\_

e) If by truck or trailer, state carrier's name and address:  
 \_\_\_\_\_

f) Are the Dealership premises installed with:

Fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floodlights	<input type="checkbox"/> Yes	<input type="checkbox"/> No

g) Is there a Watchman on duty when premises are closed?  Yes  No

12. LOSS EXPERIENCE (During previous 5 years for all coverages being requested)

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  Yes  No  
 If Yes, please provide details:

13. CURRENT INSURANCE DETAILS

a) Insurer: \_\_\_\_\_

b) Policy Number: \_\_\_\_\_

c) Number of years with current Insurer: \_\_\_\_\_

d) Have you ever had insurance cancelled?  
If Yes, please provide details:

Yes  No

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**