



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

## BOAT DEALER INVENTORY APPLICATION

(Please complete all sections)

Insured's Name: \_\_\_\_\_

Business Location(s): \_\_\_\_\_

### Limits Requested:

Location 1: \_\_\_\_\_ Location 2: \_\_\_\_\_

Any One Boat: \_\_\_\_\_ Transportation Limit: \_\_\_\_\_

Boat Show: \_\_\_\_\_ In Water Limit: \_\_\_\_\_

### Average Inventory:

In Building: \_\_\_\_\_ In Open: \_\_\_\_\_

Number Boat Shows per year: \_\_\_\_\_ In Water: \_\_\_\_\_

Average Vessel Value: \_\_\_\_\_ Maximum Inventory: \_\_\_\_\_

Number of Demonstrations per year: \_\_\_\_\_ Manufacturers Represented: \_\_\_\_\_

Do you sell any boats manufactured in a foreign country:  YES  NO  
 Manufactured By Whom: \_\_\_\_\_

ISO Fire Protection Class: \_\_\_\_\_ Distance from Ocean or Gulf: \_\_\_\_\_

### Current Premises Protective Devices:

Local Fire Alarm:  Central Station Fire Alarm:  Surveillance Camera:

Floodlights:  Enclosed Fencing:  Watchman:  Other: \_\_\_\_\_

### Building Information:

Construction: \_\_\_\_\_

Age: \_\_\_\_\_ Sprinkler? \_\_\_\_\_

Activities OTHER THAN BOAT SALES in Building: \_\_\_\_\_

### Boat Dealer P&I Demonstration Liability:

Limit Requested: \_\_\_\_\_

Please Describe any use of boats for OTHER than Customer Demonstration: \_\_\_\_\_

Do You Sponsor Any Racing Activity:  YES  NO Or Fishing Tournament:  YES  NO

**Personnel Information**

Please List All Persons Who Will Demonstrate Boats and Any Traffic Violations they've had (within the last 3 years):

NAME	VIOLATIONS

**Consignment and Used Boat Sales:**

Do You Sell Used Boats:  YES  NO Are The Boats Owned By You:  YES  NO

Value of Consignment Boats Held For Sale: \$ \_\_\_\_\_ Annual Commissions: \$ \_\_\_\_\_

**Loss Information:**

Please List ALL losses in connection with the sale of Boats in the last five years:

\_\_\_\_\_

Has Insurance Coverage Ever Been Canceled:  YES  NO

Current Carrier: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE