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BOAT DEALER SUPPLEMENTAL APPLICATION

(Include with ACORD application)

Applicant Name:
 Billing contact name:
 FEIN:

Date:
 SIC code:

COVERAGES REQUESTED

Marina Operators Legal Liability coverage limit requested
 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000

Marina Operators Legal Liability Deductible
 \$1,000 \$2,500 \$5,000

Protection & Indemnity limit requested
 \$100,000 \$250,000 \$500,000 \$1,000,000

Equipment / Tools (use ACORD if additional coverages are needed)
 Limit: \$ Description:
 *Note: Insured tool limit of \$25,000 provided on Elite Property Enhancement

All Property excluding Boat Stock / Inventory (Make sure it is clearly indicated on the ACORD form)

Stock / Inventory – Fill out Section IV of this application.

General Liability – Make sure description and exposure (receipts/payroll, etc.) are clearly indicated on ACORD.

SECTION I – GENERAL INFORMATION

1.	Gross Annual Receipts	Annual Payroll
	Boat Sales: \$	Repair (Labor) \$
	Parts & Accessories: \$	
	ATV Sales: \$	
	Snowmobile Sales: \$	
	Jet-Ski Sales: \$	
	Fueling: \$	
	Snack Bar / Restaurant: \$	
	Rental: \$	
	Cabin / Dwelling Rentals: \$	
	Storage/Moorage Sales: \$	
	Miscellaneous Receipts: \$	Description:

- State period of seasonal operation, If any: _____ to _____
- During closed period, what steps are taken to protect premises: (Describe): _____
- Body of water: _____

SECTION II – PROTECTION AND INDEMNITY

1. For owned watercraft, indicate number, length and horsepower:

2. For owned watercraft, are crew covered? Yes No
If yes, how many:

3. Please fully describe owned watercraft operation if the Applicant is requesting P & I coverage for this exposure:

4. Please fully describe rental operation if the Applicant is requesting P & I coverage for this exposure:

SECTION III – GENERAL LIABILITY

Explain all “Yes” responses:

- | | | |
|---|-----|----|
| 1. Does the Applicant install service or demonstrate products? | Yes | No |
| 2. Foreign products sold, distributed, used as a component? | Yes | No |
| 3. Research and development conducted or new products planned? | Yes | No |
| 4. Guaranties, warranties, hold harmless agreements? | Yes | No |
| 5. Products recalled, discontinued, changed? | Yes | No |
| 6. Products of others sold or repackaged under Applicant’s label? | Yes | No |
| 7. Products under label of others? | Yes | No |
| 8. Does any named insured sell to other named insured? | Yes | No |
| 9. Products manufactured? | Yes | No |

Explanations:

Please attach literature, brochures, labels, warnings etc.

General Information: (Explain all “Yes” responses):

- | | | |
|--|-----|----|
| 1. Any exposure to radioactive / nuclear material? | Yes | No |
| 2. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material? | Yes | No |
| 3. Any operations sold, acquired, or discontinued in last five (5) years? | Yes | No |
| 4. Any structural alterations contemplated? | Yes | No |
| 5. Any demolition exposure contemplated? | Yes | No |
| 6. Are there any pools on the premises? | Yes | No |
| a. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| b. If no, provide time table and action plan: | | |

Explanation:

- | |
|---|
| <p>7. Is there a repair facility on premises? Yes No</p> <p>If Yes: Number of repairs in the last twelve (12) months: Yes No</p> <p>Maximum values in repair facility at any one time: \$ Yes No</p> <p>Maximum value of any product repaired: \$ Yes No</p> <p>Average value of any repair: \$ Yes No</p> <p>Is the work inspected by foreman / owner before delivering to customer? Yes No</p> <p>Are customers kept out of shop area? Yes No</p> <p>Are mechanics certified by the manufacturer? Yes No</p> <p>By whom: Yes No</p> <p>What type of repair work is done:</p> |
| <p>8. Is there a fueling operation on premises? Yes No</p> <p>If Yes: Who fuels the watercraft: Yes No</p> <p>Gas and /or diesel: Yes No</p> <p>Condition of hoses and tanks: Yes No</p> <p>Proximity to water: Yes No</p> |
| <p>9. Dealer Operation:</p> <p>Is the Applicant or his authorized employee in command of the boat at all times? Yes No</p> <p>What types of boats are sold: (runabouts, pontoons, houseboats, etc.) Yes No</p> |
| <p>10. Is there a towing service available? Yes No</p> <p>Total receipts generated by towing operation: \$ Yes No</p> <p>What types of vessels are used: Yes No</p> |
| <p>11. Please describe general condition of boat dealer operation.</p> <p>Lighting: Yes No</p> <p>Safety Signs: Yes No</p> <p>Smoke Detectors: Yes No</p> <p>Burglar and Fire Alarm: Yes No</p> |
| <p>12. Please give any other special area of concern or additional GL exposures:
(Boat brokers, Bottom cleaning divers, Trailer parks and/or excursion boats)</p> |

SECTION IV – BOAT DEALERS

1. Total inventory value: (no item over \$300,000 to be included) \$
- | | | |
|------------------------|------------------------|----------------------|
| How many items between | | |
| \$5,000 - \$10,000: | \$10,000 - \$25,000: | \$25,000 - \$50,000: |
| \$50,000 - \$100,000: | \$100,000 - \$300,000: | |
- Total inventory value (over \$300,000 individually): \$
- | | | |
|------------------------|------------------------|----------------|
| How many items between | | |
| \$300,000 - \$500,000: | \$500,000-\$1,000,000: | \$1,000,000 +: |

YEAR	MAKE/MODEL	VALUE	SERIAL NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

2. **Inventory:** Physical damage coverage on boats, ATVs, snowmobiles, jet skis, motors, trailers, and supplies held for sale (i.e. inventory): *(Inventory dates should be at least six (6) months apart)*

Last inventory date:		Value: \$
Prior inventory date:		Value: \$

	Loc. 1	Loc. 2	Loc. 3	Loc. 4
Values in building:	\$	\$	\$	\$
Values in open area:	\$	\$	\$	\$
Values in water:	\$	\$	\$	\$

Sales New: % Used: %

Does the Applicant allow unaccompanied test rides by customers? Yes No

Limit for property at any other location (boat shows and exhibits): \$

Limit for property in transit at your risk: \$

Is an assembly of the products required? Describe: Yes No

3. Did the manufacturer train / certify your assemblers? Describe: Yes No

4. Does the manufacturer require a minimum age for use / sale of their products? Yes No
Describe precautions taken to ensure the manufacturer's rules are strictly followed:

5. Is the Applicant's dealership listed / covered as a vendor under the manufacturer's policy? (Attach certificate) Yes No

6. Is there a hold harmless agreement in place between the manufacturers and the Applicant's dealership? Yes No

7. Does the Applicant sell any used 3-wheeled ATV'S? Yes No

Storage:	Loc. 1	Loc. 2	Loc. 3	Loc. 4
Maximum # of products stored in building at any one time:				
Maximum # of products stored in the open at any one time:				
Estimated total value in storage:	\$	\$	\$	\$

- | | | |
|--|-----|----|
| 9. Any wet storage? | Yes | No |
| 10. Any multi-tiered storage? | Yes | No |
| If yes, is forklift operation restricted to specially trained employees? | Yes | No |

SECTION V – PIERS, WHARVES AND DOCKS

- | | | |
|--|-----|----|
| 1. Does the Applicant have any piers, wharves or docks?
If yes, please complete a separate PHL Y Docks, Piers, Wharves application. | Yes | No |
|--|-----|----|

SECTION VI – LIMITED POLLUTION

- | | | |
|--|-----|----|
| 1. Is the Applicant interested in Limited Pollution coverage? | Yes | No |
| 2. Does the Applicant have a current Environmental policy? | Yes | No |
| 3. Does the Applicant have any storage tank systems? | Yes | No |
| 4. Is the Applicant seeking coverage for remediation and/or clean-up? | Yes | No |
| If the Applicant answered “yes” to question 2, 3, or 4 above would you like a separate Environmental quote? | Yes | No |

SECTION VII - LOSS RECORD

Please attach a detailed description of all claims incurred greater than \$10,000 during the past five years to property or from operations covered by this form of policy, including date, cause, amount paid or estimated amount, if claim not settled, and actions taken by the insured to prevent a similar claim in the future. **If none, state “none”.**

- **Currently valued insurance company loss runs for the current policy period plus three prior years**
- **Please attach all of the insured’s agreements with customers.**

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)