



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

BOAT DEALER SUPPLEMENTAL APPLICATION

(Include with ACORD application)

Applicant Name: Date:
 Billing contact name:
 FEIN: SIC code:
 Risk Management Contact: Risk Management's Phone:
 Risk Management Email:

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

- | | | |
|--|-----|----|
| 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 style="margin-left: 20px;">If yes: Number of repairs in the last twelve (12) months:</p> <p style="margin-left: 40px;">Maximum values in repair facility at any one time: \$</p> <p style="margin-left: 40px;">Maximum value of any product repaired: \$</p> <p style="margin-left: 40px;">Average value of any repair: \$</p> <p style="margin-left: 20px;">Is the work inspected by foreman/ owner before delivering to customer? Yes No</p> <p style="margin-left: 20px;">Are customers kept out of shop area? Yes No</p> <p style="margin-left: 20px;">Are mechanics certified by the manufacturer? Yes No</p> <p style="margin-left: 20px;">By whom:</p> <p style="margin-left: 20px;">What type of repair work is done:</p> |
| <p>8. Is there a fueling operation on premises? Yes No</p> <p style="margin-left: 20px;">If yes: Who fuels the watercraft:</p> <p style="margin-left: 40px;">Gas and /or diesel:</p> <p style="margin-left: 40px;">Condition of hoses and tanks:</p> <p style="margin-left: 40px;">Proximity to water:</p> |
| <p>9. Dealer Operation</p> <p style="margin-left: 20px;">Is the Applicant or his authorized employee in command of the boat at all times? Yes No</p> <p style="margin-left: 20px;">What types of boats are sold: (runabouts, pontoons, houseboats, etc.)</p> |
| <p>10. Is there a towing service available? Yes No</p> <p style="margin-left: 20px;">Total receipts generated by towing operation: \$</p> <p style="margin-left: 20px;">What types of vessels are used:</p> |
| <p>11. Please describe general condition of boat dealer operation.</p> <p style="margin-left: 20px;">Lighting:</p> <p style="margin-left: 20px;">Safety Signs:</p> <p style="margin-left: 20px;">Smoke Detectors:</p> <p style="margin-left: 20px;">Burglar and Fire Alarm:</p> |
| <p>13. 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: \$

	Location 1	Location 2	Location 3	Location 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

8. Storage	Location 1	Location 2	Location 3	Location 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 – 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 VI - 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.**

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | | | | |
|----|--|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them. | Yes | No | N/A |
| | a. If not, select all freeze protection measures currently in place:
Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
PHLYSense
Other water detection/ notification/ alarm system
Backup electrical generator, ensuring building heat at all times
Insulation around water pipes in cold areas*
Heat tracing for water pipes in cold areas*
Antifreeze fire sprinkler system in cold areas*
Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
Other: | | | |
| | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F. | | | |
| 2. | Fire Protection and Testing | | | |
| | a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| | i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both | | | |
| | ii. If yes, approximately what percentage (%) of the building is sprinklered? % | | | |
| | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines) | | | |
| | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| | b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 4. | Automatic Water Shutoff Devices | | | |
| | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 5. | Unused/ Vacant Spaces | | | |
| | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 6. | Seasonal Occupancies ONLY: | | | |
| | a. Is there a full-time caretaker/ maintenance personnel on the premise? | Yes | No | N/A |
| | If yes, select required duties of the caretaker:
Regular walkthroughs of the building
i. How often each day?
Trained in the location(s) of water shut off valve(s)
Inspects taps and leaves them dripping in freeze weather events
Shuts off or drains pipes during freezing temperatures
Monitors building temperatures ensuring heat is maintained at required levels
Responds to power outages
i. List of required procedures | | | |
| | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.? | Yes | No | N/A |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their 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

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE (OR STATEMENT OF CLAIM) 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). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, 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 AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA 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 OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

APPLICABLE IN MAINE: 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.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)