

## Marine – Vessel Dealer Supplemental

*(To be submitted with ACORD Applications)*

APPLICANT GENERAL INFORMATION			
Applicant:			
Mailing Address:			
City, State & Zip Code:			
Website Address:			
Length of time in business:	Years	Months	Proposed effective date:
Survey Contact / Phone #:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
List and describe any business owned, operated or managed by the applicant, including any Lessor's Risks:			
Is the applicant a subsidiary of any other entity and/or does the applicant have any subsidiaries? <input type="checkbox"/> No <input type="checkbox"/> Yes			

PRODUCER INFORMATION	
Agency:	
Mailing Address:	
City, State & Zip Code:	
Auto-Owner's Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes	Auto-Owner's Agent #:

COVERAGE REQUESTED	
<input type="checkbox"/> General Liability <input type="checkbox"/> Marina Operator Legal Liability <input type="checkbox"/> Property (provide ACORD 140)	<input type="checkbox"/> Vessel Dealer Inventory Physical Damage <input type="checkbox"/> Vessel Dealer Protection & Indemnity <input type="checkbox"/> Inland Marine (provide ACORD 146)

LOCATION INFORMATION			
Address:			
1.			
2.			
3.			
<b><u>Protective Measures (check all that apply)</u></b>			
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>
1. An area adjacent to your building that is completely fenced (6' + high) and floodlighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Buildings on the premises are connected to a U/L certified central station burglar alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The fence is connected to the U/L certified central station burglar alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Surveillance cameras recording 24/7 with storage of video & audio recording kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Guard dog(s) are on the premises during and/or after business hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Watchman / security guard service with clock used after business hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Buildings on the premises are connected to a U/L certified central station fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Paid local fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Owner lives on premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. STATE NO, YES, OR N/A WHERE APPROPRIATE.
2. RECEIPTS, COMMISSION, PAYROLL & PERCENTAGES INFORMATION IS REQUIRED WHERE REQUESTED.
3. Attach copies of Work Orders, Service Contracts, Storage Agreements, and Brokerage/Consignment Agreements used by the applicant with customers, where applicable.

OPERATIONS OVERALL					
Operations		Amount	Operation		Amount
New Vessel Sales:	G.R.'s:	\$	Vessel Brokerage Sales:	Commission:	\$
Non-Power Boats	%:			G.R.'s:	\$
Personal Watercraft	%:		Personal Watercraft	%:	
Power Boats	%:		Power Boats	%:	
Sail Boats	%:		Sail Boats	%:	
Used Owned Vessel Sales:	G.R.'s	\$	Vessel Accessories Sales:	G.R.'s:	\$
Personal Watercraft	%:		Vessel Repair:	G.R.'s:	\$
Power Boats	%:		Payroll:		\$
Sail Boats	%:		Dry Storage:	G.R.'s:	\$

LIMITS				
SCHEDULED LOCATION		Locations		
		1	2	3
1.	Last inventory date:			
2.	Average vessel value:	\$	\$	\$
2a.	Maximum vessel value:	\$	\$	\$
3.	Maximum vessel trailer value:	\$	\$	\$
4.	Average monthly inventory (in building):	\$	\$	\$
4a.	Maximum monthly inventory (in building):	\$	\$	\$
5.	Average monthly inventory (outside – on land):	\$	\$	\$
5a.	Maximum monthly inventory (outside – on land):	\$	\$	\$
6.	Average monthly inventory (in-water):	\$	\$	\$
6a.	Maximum monthly inventory (in-water):	\$	\$	\$
<u>TRADE SHOW OR EXHIBITION</u>				
7.	Maximum value any one vessel while at trade show or exhibition:	\$		
7a.	Total value of all vessels at any one trade show or exhibition:	\$		
7b.	Average number of trade shows or exhibitions attended annually:			
7c.	Maximum number of trade shows or exhibitions attended annually:			
<u>IN TRANSIT</u>				
8.	Maximum Value Any One Vessel While In Transit By Land:	\$		
8a.	Total value of all vessels in transit by land any one conveyance:	\$		
8b.	Maximum miles vessel(s) transited by land any one way:			
9.	Maximum value any one vessel while in transit by water:	\$		
9a.	Total value of all vessels in transit by water any one conveyance:	\$		
9b.	Maximum miles vessel(s) transited by water any one way:			
10.	Vessel(s) transported by:	<input type="checkbox"/> Applicant <input type="checkbox"/> Common Carrier <input type="checkbox"/> Other: <input type="checkbox"/> Over land      % <input type="checkbox"/> By water      %		
<u>DEALER PROTECTION AND INDEMNITY</u>				
11.	Limit Requested:	\$		

GENERAL INFORMATION	
1.	Average number of in-water demonstrations per month:
2.	Average duration of any one in-water demonstration (one-hour, full day, etc.):
3.	What bodies of water are the in-water demonstrations performed on?
4.	Are in-water demonstrations performed on a pre-determined route used for all demonstrations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	What is the maximum distance from shoreline will on-water demonstrations be performed?
6.	What is the maximum speed (MPH) that any one in-water demonstration will be performed?
7.	Do you have customers sign demonstration waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are all in-water demonstrations performed by you or one of your employees aboard the vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are in-water demonstrations only permitted during daylight hours and suitable weather conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	What forms of communications do you or your employees have present during in-water demonstrations? (cell phone, radio, etc.)
11.	Do you use or allow use of any vessel for other than in-water sales demonstration with customers? <input type="checkbox"/> No <input type="checkbox"/> Yes
11a.	If "Yes", please explain:
12.	Do you sponsor any racing activity or fishing tournament? <input type="checkbox"/> No <input type="checkbox"/> Yes
12a.	If "Yes", please explain:
13.	Do you operate your business on a seasonal basis? <input type="checkbox"/> No <input type="checkbox"/> Yes
13a.	If "Yes", when do you open and close your business seasonally? to
13b.	If "Yes", during the closed period, what steps are taken to protect the premises and inventory?

CARRIER AND LOSS INFORMATION			
<u>Name of Current &amp; Prior Carriers</u>	<u>Expiring Premium</u>	<u>Policy Expiration Date</u>	<u>Coverage Afforded</u>
	\$		
	\$		
	\$		
Any policy of coverage declined, cancelled or non-renewed during the prior 3 years?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has the applicant (insured) ever declared bankruptcy?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Explanation to any "Yes" response above: _____			
Any losses in the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes		<b><u>If "Yes", provide the Claim Details (date; cause; open or closed; etc.) and Amount Paid / Amount In Reserve on a separate document</u></b>	

_____ Applicant's (Insured's) Signature	_____ Printed Name	_____ Title	_____ Date
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_____ Agent's Signature	_____ Printed Name	_____ Title	_____ Date
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