



GROUPONE INSURANCE SERVICES

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www.grouponeis.com

MARINA & BOAT DEALER APPLICATION

BROKERAGE:

Address: _____

Broker contact: _____

Phone No.: _____

Email address: _____

Fax No.: _____

INSURED:

Individual

Partnership

Corporation

Joint Venture

Full Legal Name: _____

Operating Name: _____

Mailing Address: _____

Principal Owner: _____

Phone Number: _____

Email: _____

Website Address: _____

Member of OMOA? Yes No

Years in Business: _____

Years in Business under Current Management: _____

List & describe any business owned, operated, or managed by the Insured:

Proposed Effective Date: _____

Target Premium Required: _____

Current Insurer: _____

Expiring Premium: _____

Is the Insured a subsidiary of any other identity or does the Insured have any subsidiaries?

If yes, please explain: _____

LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:

Date of Loss	Location & Accident	Amount	Open/Closed

Have you ever had any insurance refused or cancelled?

Yes

No

If yes, please explain

COVERAGE REQUESTED

- | | |
|--|--|
| <input type="checkbox"/> Section A – Property | <input type="checkbox"/> Section F – Piers Wharves & Docs |
| <input type="checkbox"/> Section B – Commercial General Liability | <input type="checkbox"/> Section G – Protection & Indemnity |
| <input type="checkbox"/> Section C – Marina Operators | <input type="checkbox"/> Section H – Work/Rental/Owned Boats |
| <input type="checkbox"/> Section D – Boat Dealers | <input type="checkbox"/> Section I - Boiler |
| <input type="checkbox"/> Section E – Ship Repairers’ Liability | |

GENERAL INFORMATION

Location 1 Address: _____

Location 2 Address: _____

Location 3 Address: _____

Have you or any predecessor firm filed for bankruptcy? Yes No If yes, please explain

Does Insured or any employees ever travel to the USA on Business? Yes No If yes, please explain

Are you involved in the automotive sales/repairs? Yes No If yes, please explain

Do you sell ammunition or firearms? Yes No If yes, please explain

Do you rent out Houseboats? Yes No If yes, please explain

Do you rent jet skis or other jet powered watercraft? Yes No If yes, please explain

Does insured Manufacture or build boats? Yes No If yes, please explain

Does the Insured store boats Indoor? Yes No

Gross Receipts from Indoor storage: \$ _____ Maximum value of boats stored at any one time: \$ _____

Do you sell any items over the internet? Yes No If yes, please explain:

GROSS RECEIPTS DECLARATION:

	Annual Gross Receipt	Projected Gross Receipt
Moorage	\$ _____	\$ _____
Storage	\$ _____	\$ _____
Boat Sales– from Boat Stock	\$ _____	\$ _____

Boat Sales – Consignment/Yacht Brokerage Sale	\$	\$
Chandlery /Boat Supply	\$	\$
Fueling	\$	\$
Repair	\$	\$
Rentals - Dock	\$	\$
Rentals - Boat	\$	\$
Rentals – Leased Property	\$	\$
Hauling & Launching	\$	\$
Restaurant Receipts – Liquor	\$	\$
Restaurant Receipts – Food /Other	\$	\$
Sales to USA	\$	\$
All Other Receipts	\$	\$
Total Receipts:	\$	\$

SECTION A – PROPERTY – LOCATON # 1

LOCATON # 1 Use/Occupancy of this building : _____

Is there any hazardous work done? Yes No

If yes, please advise details: _____

Year Built: _____ No. of Stories: _____ Construction: _____

Protection: Certified Central Station Alarm Yes No Central Station Alarm Yes No
 Completely Fenced & Flood Lighted Yes No Watchman Service After Hours Yes No

Fire Fire Hydrant within 300 meters/1000 feet Fire Hall within 8km Unprotected

Protection: Paid Volunteer Distance to Responding Fire Department: _____

Sprinklers: Yes _____% No Smoke Detectors: Yes No

Heating: Gas Electric Oil Combination Furnace Wood Stove Other: _____

Electrical: Fuses: _____ Circuit Breakers: _____

Updates: Heating: _____ Plumbing: _____ Roof: _____

Electrical : _____ Furnace: _____

Note: If more than one building/location, please provide separate schedule.

Is there a restaurant in this building? Yes No If Yes, please advise _____

Licensed Capacity: _____ Area of Dance Floor (sq feet): _____

Automatic Suppression System Yes No Service Contact (6 months) Yes No

Commercial Tools & Equipment

Equipment Limits –	\$	Total Value Scheduled Equipment (Must Complete List Below or Attached Schedule)
Loc.#	\$	Deductible per Occurrence (Scheduled Equipment Only)
Tools Limits -	\$	Additional Amount if Desired
Loc.#	\$	Maximum Value any One Item (\$500 Included)

Schedule of Equipment (Items in excess of \$2,500)

Loc.#	Name of Machine	Year Built	MFG's Serial or Model #	Type of Fuel	Cost New	Limit of Insurance

TOTAL:

SECTION B – COMMERCIAL GENERAL LIABILITY

Do you have any U.S. Exposure (i.e. products sold to U.S. citizens, deliveries to the U.S. etc)? Yes No

If yes, please describe and quantify gross receipts from these Sales: \$ _____

Number of Employee: Full Time _____ Part Time _____ Gross Annual Payroll: \$ _____

Are you a subscriber to Workers' Compensation? Yes No

Percentage of work contracted out: _____ % Nature of work subcontracted out: _____

Are Certificates of Insurance obtained from subcontractors? Yes No

Provide details of contracts whereby you indemnify, hold harmless or release another party
(Attached sample contract if necessary):

Do you manufacture products? Yes No

If yes, please explain _____

Do you provide guarantees or warranties for products? Yes No

If yes, please explain _____

Give age of storage tanks, number, size, contents, construction whether above ground or below ground:

When were the last surveyed, whether fueling conducted ashore, on the dock by employees, or boat owners:

Do operators involve storing, treating, disposing, or transporting hazardous and/or waste materials? Yes No

Are transporters, handlers, or disposal companies EPA certified & properly insured? Yes No

Have you during the past 5 years had any reportable releases or spills of hazardous substances, hazardous waste, or any other pollutants, from locations owned or operated by you, into the environment? Yes No

If yes, please attach a separate sheet describing incident(s) in full.

Do you lease equipment to others? Yes No

If yes, please describe: _____

Do you have any medical facilities on-site? Yes No

If yes, please describe: _____

Is there a formal safety program in operation? Yes No

If yes, please describe: _____

Other Comments on Safety Procedures if any: _____

Liability Limits:

Limit of Liability Required:

Bodily Injury & Property Damage Liability
(including Products & Completed Operations)

\$

Personal Injury Liability

\$

Medical Payments

\$

Tenant's Legal Liability

\$

Marina Operators Legal Liability

\$

Yacht Club Extension – Regatta Liability

\$

Limited Pollution

\$

Standard Non-Owned Auto – SPF#6

\$

SECTION C – MARINA OPERATORS

USUAL OPERATING SEASON:

Open All Year Closed in Winter - Date Closed From _____ To _____

Are docks removed from the water during winter season? Yes No

If Yes, describe winter storage agreements _____

If storage (ashore or afloat) describe method: _____

If stored in a building advise percentage of indoor storage revenue _____

Maximum number of vessels stored at any time in the past year? _____

Number of vessels store in the Summer? _____

Number of Vessels store in the Winter? _____

Average values of vessels? _____

Maximum value of vessels? _____

Are vessels store inside a building? Yes No If yes, are they on racks? How many? _____ Yes No

Are vessels store outside on rack? Yes No If yes, how many? _____ Yes No

What is construction & age of buildings ? _____

What protection systems are currently used? _____

Burglar Alarm/Type

Fire Alarm/Type

Night Watchman

Flood Lights

Fencing

Other: _____

Central Station/Monitored Alarm: _____

Winter Storage Information:

Batteries removed? Yes No If yes, done by: Insured Vessel Owner Both

Fuel topped off or emptied? Yes No If yes, done by: Insured Vessel Owner Both

If Storage Building has a flat roof, is snow removal common practice (where applicable?) Yes No

If yes, describe procedure: _____

Are vessel owners required to maintain liability insurance? Yes No If yes, minimum limit require: _____

Are Certificates of Insurance obtained from all vessel owners and kept on file? Yes No

Describe other business also located at or adjacent to this Marina whose customers would have access to the docks (i.e. pubs or cafes etc.):

Is a Hold Harmless Moorage Agreement in use? Yes No

Are there any signs posted stating USE AT OWN RISK or similar? Yes No

If yes, please describe wording and locations of signs: _____

Number of Slips: _____ Average Value of any Vessel at Marina: _____

Maximum total value of vessels moored at the Marina at any one time: _____

Do any of the Slips have roofs? Yes No Loc#: _____ How many: _____

Are any of Slips owned by boat owners? Yes No Loc#: _____ How many: _____

Does the Marina have any equipment for lifting or moving vessels ? Yes No

If yes, what is the largest vessel (in length and weight) that you will lift or move: _____

Marine Operators Liability – Limits Requested:

Limit any one vessel \$ _____

Limit any one accident or occurrence \$ _____

Docking & Mooring

Vessels available for rent _____ Average value of vessels \$ _____

Maximum value of vessels under a common roof \$ _____

Describe type of heavy lift equipment & indicate lifting capacity: _____

SECTION D – BOAT DEALERS

Type of Vessel Sold	Manufacturers and Percentage Sold of Each
Power Boats <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sailboats <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accessories <input type="checkbox"/> Yes <input type="checkbox"/> No	
Motors <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brokered Boats (%) <input type="checkbox"/> Yes <input type="checkbox"/> No	

		Last Inventory Date	Average Monthly Inventory	Maximum Monthly Inventory
Location 1	Inside			
	Outside			
	In Water			

Note: If more than one location/building, please provide separate schedule

BOATS DELIVERED (Land or Water)

Estimated Number of vessels in Transit Annually: _____

Average Number of Deliveries Annually: _____

Maximum Distance Traveled for Land Deliveries: _____ Miles: _____
 Maximum Distance Navigated Water Deliveries: _____ Nautical Miles: _____
 Total Annual Values: _____ Highest Value Boat: _____ No. of Boats: _____

BOAT SHOWS
 Estimated number of Boat Shows/Exhibitions Annually: _____ Maximum Number of Boats at each Show: _____
 Maximum Limit Required per Show: _____ Maximum Distance to Shows: (miles) _____
 Boats are transported to show by: a) Common Carrier Owned Vehicles Both
 b) All Land All Water Land & Water

Request Limit: \$ _____
Limit any one vessel: \$ _____
Limit any one location: \$ _____
Limit any one accident or occurrence: \$ _____

	Maximum Value per vessel	Maximum Total Value at this Location
Location 1	\$ _____	\$ _____
Location 2	\$ _____	\$ _____
Location 3	\$ _____	\$ _____

Monthly Inventory Value All locations:
 Minimum: _____ Maximum: _____ Average: _____
Total Value of Boats under 28 Feet : _____
Total Value of Boats over 28 Feet: _____
Is lot fully secured, gated and locked: Yes No

SECTION E – SHIP REPAIRERS’ LIABILITY

Name, experience and certification of key personnel: _____
 For mobile repairs describe the areas traveled to and worked in: _____

Type of repairs:
 Burning _____% Fiberglass _____% Painting _____% Boiler _____%
 Engine _____% Hull _____% Welding _____% Other _____%

Type of Vessels Repaired
 Recreational boats under 60 ft length _____% Recreational boats over 60 ft length _____%
 Commercial Vessels _____%

Please list the types of Commercial vessels: _____

How are dangerous materials (i.e. paints, cleaners, etc) stored: _____

Are work areas vented to the outside: Yes No

Maximum number of vessels at yard any one time: _____

Maximum value of vessels at yard any one time: _____

Are work orders used? Yes No Do customers sign work orders? Yes No

Explain any and all safety measures taken when working on vessels: _____

SECTION F – PIERS WHARVES & DOCKS – PHYSICAL DAMAGE

What is the wharf/dock used for? Please provide full Description: _____

Location of wharf/dock: _____

Age: _____ Construction: _____ No. of Slips: _____ Do any of your docks have fuel? Yes No

Date of last survey or inspection of wharf/dock: _____

Are there any commercial vessels moored at the docks? Yes No

Any cradles or travel lifts on wharfs/docks: Yes No If yes, advise age of cradle a/o hoist: _____

How many miles to nearest Fire Station: _____Miles Paid Volunteer

Watchman Service Provided: Yes No If yes, explain type of service: _____

Firefighting Equipment on Premises: Yes No If yes, explain type of equipment _____

Are any of the Piers/Docks removed for Winter? Yes No

If yes, state which pier/dock and where they are stored: _____

If seasonal operations, stated date from _____ to _____

When were pilings last inspected: _____

Indicate Valuation: _____ Actual Cash Value – 80% or Replacement Cost – 90%

Number of floating docks: _____ Insured value of Docks: _____ Age of Docks: _____

Number of fix piers: _____ Insured value of Piers: _____ Age of Piers: _____

Indicate type of floating devices: _____

Indicate type of mooring devices: _____

No. of open slips: _____ Number of closed slips: _____

Describe Maintenance Program: _____

SECTION G – PROTECTION & INDEMNITY

REQUESTED LIMITS

Marina Operators:	\$
Boat Dealers:	\$
Ship Repairs:	\$
Rental Boats:	\$
Works Boats:	\$
Owned Boats:	\$

SECTION H – WORK/RENTAL/OWNED BOATS

Indicate Valuation: Actual Cash Value – 80% or Replacement Cost – 90%

Vessels (H&M and P&I) – WORK BOATS

Vessel Description: (year, make model, length)	Value:
	\$
	\$
	\$

Please describe what boats are used for: _____

Navigation Area of Vessels: _____

Vessels (H&M and P&I) – RENTAL BOATS

Vessel Description: (year, make model, length)

Value:

\$

\$

\$

Please describe what boats are used for: _____

Navigation Area of Vessels: _____

Vessels (H&M and P&I) – OWNED BOATS

Vessel Description: (year, make model, length)

Value:

\$

\$

\$

Please describe what boats are used for: _____

Navigation Area of Vessels: _____

- If boats are older than 15 years of age and less than 24 feet, please provide photos both inside and outside
- If boats are older than 15 years of age and longer than 24 feet, please provide current marine survey
- If you have a rental fleet of boats, please attach a valued inventory of the fleet
- Are surveys available on all hulls over 3 years old? Yes No
- If yes, attached copies of most recent survey(s): _____
- If no, when will surveys be accomplished? (Give Date) _____
- For own watercrafts – are employees/crew members covered? Yes No If yes, how many? _____

Note: No insurance may be bound on rental/workboats without surveys where required.

Type of Coverage Requested: All Risk Named Perils **Deductible:** _____

Hull and Machinery

Location	Trade Name	Use of Boat	Year Built	Length	Total H.P.	Value	Fuel	Material of Hull
Total:								

LIMITS OF INSURANCE / LIMITS OF LIABILITY

Coverage – <input type="checkbox"/> Broad Form, Replacement Cost <input type="checkbox"/> Named Perils, Actual Cash Value	Co-Ins %	Limit of Insurance/ Limit of Liability
Building(s)	80%/90%	\$
Building(s)	80%/90%	\$
Building(s)	80%/90%	\$
Furniture, Fixtures, Equipment	80%/90%	\$

Travel Hoists (Provide description)	80%/90%	\$	
Other Mobile Equipment (Forklifts, Trailers etc, provide description)	80%/90%	\$	
Miscellaneous Hand Tools (restricted to premises)	80%/90%	\$	
• \$1,000 any one item or set	80%/90%	\$	
• Items over \$1,000 (provide description)	80%/90%	\$	
Stock ACV (excluding property as covered under Section D Boat Dealers Ins.)	80%/90%	\$	
Other Stock ACV:	80%/90%	\$	
• RV's, ATV's, Snowmobile, etc	80%/90%	\$	
• Wine, Alcohol, Tobacco Products	80%/90%	\$	
Rents or Rental Income Form	100%	\$	
Profits	100%	\$	
Gross Earnings	80%	\$	
Extra Expense	-	\$	
Flood/Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No	-	\$	
Valuable Papers and Records	-	\$	
Accounts Receivable	-	\$	
Electronic Data Processing Equipment	80%/90%	\$	
Sign Form	100%	\$	
Glass Rider (Blanket)	-	\$	
Comprehensive Dishonesty, Disappearance and Destruction – Form A	-	\$	
Loss Inside the Premises	-	\$	
Loss Outside the Premises		\$	
Money Orders & Counterfeit Paper		\$	
Depositors Forgery		\$	
Boiler & Machinery <input type="checkbox"/> Roof Top Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Boat Dealer Stock – Direct Damage			
• 28 ft in length and under		\$	any one vessel
		\$	any one location
• 29 ft in length and over		\$	any one vessel
		\$	any one location
Boat Dealer – Protection and Indemnity	-	\$	
Owned Vessels – Hull & Machinery	-	\$	any one vessel
Owned Vessels – Protection and Indemnity	-	\$	
Boats Rented to Others – Hull & Machinery	-	\$	any one vessel
Boats Rented to Others – Protection and Indemnity	-	\$	
Piers Wharves and Docks	-	\$	
Piers Wharves and Docks Loss of Rental Income		\$	
Liability – Commercial General Liability – Occurrence Form		\$	

Tenant's Legal Liability		\$
Marina Operators Legal Liability		\$
Ship Repairers' Legal Liability		\$
Limited of Pollution Liability		\$
Yacht Club Extension – Regatta Liability		\$

Please Attach on Binding

- Copies of the Standard Moorage, Storage & Rental Agreement Used**
- Copy of Standard Consignment, Agreement Used for Consignment Sales**
- Photos of all Building & Docks**

DISCLAIMER

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application for insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of insurance.

The policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract:
 - a) Provides false or erroneous information to the prejudice of the insurer; or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The insured contravenes a term of the Contract or commits a fraud; or
3. The insured willfully makes a false statement in respect of a claim under the Contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.

Signature of Applicant: _____ Date: _____

Title of Applicant: _____

Broker's Signature: _____ Date: _____