



# ESSEX INSURANCE COMPANY

## BOAT DEALER'S APPLICATION FOR INSURANCE THIS IS NOT A BINDER

<b>1. Name of Applicant:</b>			
<b>2. Principal Business Address:</b>			
<b>3. (a) Information as to property sold:</b>			
<b>Manufactured By:</b>		<b>Peak Inventory all locations combined during last 12 months:</b> \$ _____	
Cruiser			
Runabouts			
Sailboats			
Outboard Boats			
Outboard Motors			
Other Craft – Describe:			
Accessories, appurtenances & supplies for the above: \$ _____			
(b) Gross Sales of all property covered during the last twelve months (or From: _____ To: _____) \$ _____			
<b>4. Please list all locations where vessels or stock are stored, displayed or otherwise at your risk:</b>			
ADDRESS	THE LAST INVENTORY WAS TAKEN ON _____ AND WAS EXACTLY	THE PREVIOUS INVENTORY (AT LEAST SIX (6) MONTHS) PRIOR WAS TAKEN ON _____ AND WAS EXACTLY	LIMIT OF LIABILITY DESIRED
(a)	In Building \$	\$	\$
	Open Area \$	\$	\$
(b)	In Building \$	\$	\$
	Open Area \$	\$	\$
(c)	In Building \$	\$	\$
	Open Area \$	\$	\$
(d) At any new location acquired, or at any location on exhibition, or on any used vessels acquired as trade-in at risk ways from listed premises:			\$
<b>NOTE:</b> If more frequent inventories have been taken during the last 12 months, please attach details, segregated by premises and areas as above. If no inventory was taken during the last 12 months or, if taken and not segregated as above, please estimate average values at risk and indicate as such.			
<b>5. What loss limit do you require for damage to property shipped in any one accident to any land or air conveyance? \$</b>			
<b>6. With respect to buildings only, the following burglary prevention devices are maintained:</b>			
	<b>Building 4(a)</b>	<b>Building 4(b)</b>	<b>Building 4(c)</b>
(a) Underwriters Laboratories Certified Station Alarm System			
(b) Watchman Service with clock at all times when premises are not open for business.			
(c) Alarm System with outside gong or siren:			

<b>7. With respect to open lot exposures, the following burglary prevention devices are maintained:</b>			
	<b>Area 4(a)</b>	<b>Area 4(b)</b>	<b>Area 4(c)</b>
(a) Area completely fenced and floodlighted at night:			
(b) Watchman Service with clock at all times when premises are not open for business.			
(c) Other – Describe:			
<b>8. This form of policy does not cover property stored for others or new vessels under construction or liability arising out of ship repair operation. Do you conduct any of these activities?</b>			
<b>9. The rating formula includes a charge for covering your liability to others for property damage, loss of life or personal injury arising out of the use of vessels as demonstrators, during water delivery or while otherwise afloat. We desire the following limit of liability to cover claims arising out of any one accident: \$_____.</b> <input type="checkbox"/> Coverage not desired. Number of vessels demonstrated:			
<b>10. The rating formula includes a charge for covering property while displayed afloat at your premises, during pick-up or delivery under a vessel's own power and while being demonstrated. Do you desire this coverage? If so, What Limit?</b>			
<b>11. Has any Company refused or cancelled any property insurance applied for or in-force during the past three years?</b>			
<b>12. List any losses by fire, theft, marine perils, in transit or from any other cause within the last three years.</b>			
<b>LOSS</b>		<b>DATE</b>	<b>AMOUNT</b>
<b>AGENT MUST COMPLETE</b>			
<b>LOCATION</b>	<b>HIGHEST CO-INS.* FIRE CONTENTS RATE</b>	<b>HIGHEST CO-INS.* FIRE OPEN STORAGE RATE</b>	<b>CONTENTS EXTENDED COVER RATE</b>
(a)			
(b)			
(c)			
<b>If flat premium policy desired, show 100% co-insurance rate.</b>			

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
City

\_\_\_\_\_  
Date