



Commonwealth  
Underwriters Ltd.

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<b>1. Name of Applicant</b> _____			
<b>2. Principal Business Address</b> _____		<b>County</b> _____	<b>City</b> _____ <b>State</b> _____
<b>3. (a) Information as to property sold:</b>			<b>PEAK INVENTORY ALL LOCATIONS COMBINED DURING LAST 12 MONTHS</b>
<div style="display: flex; justify-content: space-between;"><div style="width: 150px;"><b>Cruisers</b> <b>Runabouts</b> <b>Sailboats</b> <b>Outboard Boats</b> <b>Outboard Motors</b> <b>Other Craft— Describe</b> <b>Accessories, appurtenances and</b> <b>supplies for the above</b></div><div style="width: 150px;"><b>Manufactured by</b> _____ _____ _____ _____ _____ _____ _____</div><div style="width: 400px;"> _____ _____ _____ _____ _____ _____ _____</div></div>			\$ _____      \$ _____
<b>(b) Gross Sales of all property covered during the last twelve months (or from _____ to _____)</b>			\$ _____
<b>4. Please list all locations where vessels or stock are stored, displayed or otherwise at your risk:</b>			
<b>ADDRESS</b>  (a) _____ City _____ County _____  (b) _____ City _____ County _____  (c) _____ City _____ County _____	<b>THE LAST INVENTORY WAS TAKEN ON _____ AND WAS EXACTLY</b>  In Building \$ _____ Open Area \$ _____  In Building \$ _____ Open Area \$ _____  In Building \$ _____ Open Area \$ _____	<b>THE PREVIOUS INVENTORY (AT LEAST SIX (6) MONTHS) PRIOR WAS TAKEN ON _____, 19____ AND WAS EXACTLY</b>  \$ _____ \$ _____  \$ _____ \$ _____  \$ _____ \$ _____	<b>LIMIT OF LIABILITY DESIRED</b>  \$ _____  \$ _____  \$ _____  \$ _____
<b>(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>			\$ _____
<b>NOTE: 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? \$ \_\_\_\_\_

6. With respect to buildings only, the following burglary prevention devices are maintained:

(a) Underwriters Laboratories Certified Central Station Alarm System _____	Building 4(a) _____	Building 4(b) _____	Building 4(c) _____
(b) Watchman Service with clock at all times when premises are not open for business.	Building 4(a) _____	Building 4(b) _____	Building 4(c) _____
(c) Alarm System with outside gong or siren _____	Building 4(a) _____	Building 4(b) _____	Building 4(c) _____

7. With respect to open lot exposures, the following burglary prevention devices are maintained:

(a) Area completely fenced and floodlighted at night _____	Area 4(a) _____	Area 4(b) _____	Area 4(c) _____
(b) Watchman Service with clock at all times when premises are not open for business.	Area 4(a) _____	Area 4(b) _____	Area 4(c) _____
(c) Other - Describe: _____	Area 4(a) _____	Area 4(b) _____	Area 4(c) _____

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? \_\_\_\_\_

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: \$ \_\_\_\_\_ ☐ Coverage not desired. Number of vessels demonstrated: \_\_\_\_\_

10. The rating formula includes a charge for covering property while displayed afloat at your premises, during pick-up or delivery under vessels own power and while being demonstrated. Do you desire this coverage? \_\_\_\_\_ What Limit? \_\_\_\_\_

11. Has any Company refused or cancelled any property insurance applied for or in force during the past three years? \_\_\_\_\_

12. List any losses by fire, theft, marine perils, in transit or from any other cause within the last three years with dates and amounts: \_\_\_\_\_

**AGENT MUST COMPLETE**

LOCATION	HIGHEST CO-INS.* FIRE CONTENTS RATE	HIGHEST CO-INS.* FIRE OPEN STORAGE RATE	CONTENTS EXTENDED COVER RATE	OPEN STORAGE EXTENDED COVER RATE
(a) _____				
(b) _____				
(c) _____				

If flat annual premium policy desired, show 100% co-insurance rates.

Agent: \_\_\_\_\_

City: \_\_\_\_\_

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

\_\_\_\_\_  
Date