



Commonwealth  
Underwriters Ltd.

P.O. Box 5441 Richmond, VA 23220  
Phone: 800-396-6226  
Fax: 888-359-6994  
www.commund.com

## OCEAN MARINE DEPARTMENT

### BOAT DEALER INVENTORY APPLICATION

(Please complete all sections)

Insured's Name: \_\_\_\_\_

Business Location(s): \_\_\_\_\_

#### Limits Requested:

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

Any One Boat: \_\_\_\_\_

Transportation Limit: \_\_\_\_\_

Boat Show: \_\_\_\_\_

In Water Limit: \_\_\_\_\_

#### Average Inventory:

In Building: \_\_\_\_\_

In Open: \_\_\_\_\_

Number Boat Shows per year: \_\_\_\_\_

In Water: \_\_\_\_\_

Average Vessel Value: \_\_\_\_\_

Maximum Inventory: \_\_\_\_\_

Number of Demonstrations per year: \_\_\_\_\_

Manufacturers Represented: \_\_\_\_\_

Do you sell any boats manufactured in a foreign country:  YES  NO

Manufactured By Whom: \_\_\_\_\_

ISO Fire Protection Class: \_\_\_\_\_

Distance from Ocean or Gulf: \_\_\_\_\_

#### Current Premises Protective Devises:

Local Fire Alarm:  Central Station Fire Alarm:  Surveillance Camera:

Floodlights:  Enclosed Fencing:  Watchman:  Other: \_\_\_\_\_

**Building Information:**

Construction: \_\_\_\_\_

Age: \_\_\_\_\_ Sprinkler? \_\_\_\_\_

Activities OTHER THAN BOAT SALES in Building: \_\_\_\_\_

**Boat Dealer P&I Demonstration Liability:**

Limit Requested: \_\_\_\_\_

Please Describe any use of boats for OTHER than Customer Demonstration: \_\_\_\_\_

Do You Sponsor Any Racing Activity:  YES  NO Or Fishing Tournament:  YES  NO

**Personnel Information**

Please List All Persons Who Will Demonstrate Boats and Any Traffic Violations they've had (within the last 3 years):

NAME	VIOLATIONS

**Consignment and Used Boat Sales:**

Do You Sell Used Boats:  YES  NO Are The Boats Owned By You:  YES  NO

Value of Consignment Boats Held For Sale: \$ \_\_\_\_\_ Annual Commissions: \$ \_\_\_\_\_

**Loss Information:**

Please List ALL losses in connection with the sale of Boats in the last five years:

\_\_\_\_\_

Has Insurance Coverage Ever Been Canceled:  YES  NO

Current Carrier: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE