



Ocean Marine Application for Boat Dealer's Insurance

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.

1. Name of Applicant		2. Applicant Web Site	
3. Applicant Address (No., Street, City, State, Zip Code)		4. Telephone No.	
5. How long in operation under present management	6. No. of Full-Time Employees	7. No. of Part-Time Employees	
8. Name of Operations Manager	9. Age	10. Experience in this field	

INFORMATION AS TO PROPERTY SOLD

11. Information as to property sold:

Type of Property	Manufactured by	Maximum value any one vessel	Peak Inventory All Locations Combined during last 12 Months
a. Cruisers	_____	\$ _____	_____
b. Runabouts	_____	\$ _____	_____
c. Sailboats	_____	\$ _____	_____
d. Outboard Boats	_____	\$ _____	_____
e. Outboard Motors	_____	\$ _____	_____
f. Other Craft, Describe: _____	_____	\$ _____	_____

12. Accessories, appurtenances and supplies for the above: _____

a. Maximum value all locations? \$ _____

13. Please list Annual Gross Sales for the past five years:

a. 20	\$ _____	c. 20	\$ _____	e. 20	\$ _____
b. 20	\$ _____	d. 20	\$ _____		

VESSEL LOCATIONS

14. Please list all locations where vessels or stock are stored, displayed, or otherwise at risk
(including suppliers, if any) If non-reporting, flat annual premium policy is desired, complete only "Limit of Liability Desired" column.

Address	The last inventory was taken on _____ and was exactly		The previous inventory (at least 6 months prior) was taken on _____ and was exactly		Limit of Liability Desired
	Yr. _____	\$ _____	Yr. _____	\$ _____	
a. _____	In Buildings	\$ _____	\$ _____	\$ _____	\$ _____
_____	Open Area	\$ _____	\$ _____	\$ _____	\$ _____
b. _____	In Buildings	\$ _____	\$ _____	\$ _____	\$ _____
_____	Open Area	\$ _____	\$ _____	\$ _____	\$ _____
c. _____	In Buildings	\$ _____	\$ _____	\$ _____	\$ _____
_____	Open Area	\$ _____	\$ _____	\$ _____	\$ _____
*d. _____	In Buildings	\$ _____	\$ _____	\$ _____	\$ _____
_____	Open Area	\$ _____	\$ _____	\$ _____	\$ _____

*Stock afloat covered subject to company's usual yacht form. Machinery exclusion applies to boats with speed of 25 M.P.H. or over.

NOTE: If more frequent inventories have been taken during the last 12 months, please attach details, segregated by locations 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.

FIRE PROTECTION

- | | Building A | Building B | Building C |
|---|--|--|--|
| 15. Are buildings sprinkled?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Is the Public Fire Department Paid or Volunteer?..... | _____ | | |
| 17. a. How many Public Fire Hydrants are on location? | _____ | | |
| b. What is the distance?..... | _____ | | |
| 18. a. What is the size of the Public Fire Mains?..... | _____ | | |
| b. What is the pressure of the mains?..... | _____ | | |
| 19. Do you have Private Fire Protection? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
- If yes, please describe on separate piece of paper.*

SECURITY AND DEMONSTRATIONS

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

- | | Building A | Building B | Building C |
|---|--|--|--|
| a. Underwriters Laboratories Certified Central Station Alarm System?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Watchman Service at all times when premises are not open for business? ... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Alarm System with outside gong or siren?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

- | | Building A | Building B | Building C |
|---|--|--|--|
| a. Area completely fenced and floodlighted at night? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Watchman Service at all times when premises are not open for business? ... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

22. This form of Policy does not cover property stored for others or new vessels under construction or liability arising out of a ship repair operations. Do you conduct any of these activities?..... Yes No

23. The rating formula includes a charge for watercraft liability 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. Please indicate the limit of liability you desire to cover claims arising out of any one accident?
 \$25,000 \$50,000 \$100,000 Coverage not desired

24. What is the average number of boat demonstrations/sea trials conducted per month?..... _____

25. What is the highest value of any one boat that will be demonstrated/sea trialed?..... \$ _____

TRANSPORTATION AND GENERAL

This form of Policy covers transportation losses occurring on shipments from the manufacturer or distributor to your premises, shipments between your own premises, and to or from your customers by land, air or water. It is necessary that all such shipments be totaled and reported for premium purposes unless you elect to have certain types of shipments excluded by endorsement.

26. Please estimate your volume of shipments for the last 12 months as follows:

- | | |
|--|----------|
| a. From manufacturer or distributor to your premises or direct to customers..... | \$ _____ |
| b. Between your premises (<i>if more than one location is involved</i>)..... | \$ _____ |
| c. From your premises to customers..... | \$ _____ |
| d. From customers to your premises..... | \$ _____ |
| Total Value of property shipped did not exceed..... | \$ _____ |

We desire to exclude from the Policy the following types of shipments
(which are not included in the above estimate of values shipped)..... _____

27. What limit of liability do you require for any one accident to any land or air conveyance?..... \$ _____

28. Please describe the type, value and number of craft usually used as demonstrators during your active sales season and the location from which they operate: _____

29. Has any company refused or cancelled any property insurance applied for or in force during the past five years?..... Yes No

If yes, please explain on a separate piece of paper and attach.

30. Additional comments if any: _____

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK (Non Auto): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE (Non WC): IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at: Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

REQUIRED COMPLETION - READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

Applicant's Signature X	Date
Agent's Signature X	Date