



For purposes of the Insurance Companies Act (Canada), this document was issued in the course of St. Paul Fire and Marine Insurance Company's insurance business in Canada. 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, Province, Postal 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. \$ _____	\$ _____	c. \$ _____	\$ _____	e. \$ _____	\$ _____
b. \$ _____	\$ _____	d. \$ _____	\$ _____		

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: _____

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