



APPLICATION FOR HULL BUILDER'S RISK INSURANCE

Applicant Name:	Years in Business (if less than 3 yrs, please attach resume)
Mailing Address (including City, State, Zip):	
Proposed Effective/Expiration Date:	
List of Insured Locations:	
1.	
2.	
3.	
4.	

DESCRIPTION OF VESSEL WHEN COMPLETED: _____

Type of vessel: _____

Wood, Fiberglass, Steel etc.: _____

Propulsion machinery: Gasoline _____ Diesel _____ Horsepower: _____ # of Engines: _____

Molded Dimensions: Length _____ Beam _____ Depth _____

Estimated gross tonnage: _____

VALUES: Pre Keel Values: \$ _____ each

Contract Price: \$ _____ each

Additional Values: \$ _____ each

Insured Value: \$ _____ each

Total Value: \$ _____

Is contract price fixed or adjusted? _____

If adjusted, is there a limit of escalation ? Yes ___ or No ____.

If "Yes" please show the limit of escalation \$ _____

BUILD SCHEDULE: Attach schedule, if necessary.

Pre Keel _____ Keel Laying _____

Launching _____ Delivery _____

Number of months of insurance required on each vessel (Pre Keel to delivery) _____

YARD DETAILS:

Fire and extended coverage rates for boats under construction at the above location.

Specify is vessel under construction in buildings or in open _____

Is yard fenced ? _____ Describe type and height _____

Area Enclosed? _____ Is yard under watchman service? _____

How many employed _____ Hours covered _____

Are any materials used stored off premises _____

Off Premises Address _____

Are any of the above areas subject to flooding _____

Cyclone, tornado, hurricane or windstorm _____

Are vessels to be moved while in course of construction? _____

Describe: _____

What type of equipment is used to move vessels? _____

Are Vessels worked on after they are launched? _____

Are the vessels taken on trial trips? _____

DELIVERY:

Does the builder deliver vessels:

At Yard _____ By land _____

Buyers Premises _____ By water _____

Under Power _____ Towed _____

If towed, is there a release of tower ? _____

PRESENT CARRIER: List details of current insurance showing carrier, form and any other pertinent information

LOSS EXPERIENCE:

List all claims (insured or not) during past 5 years on all operations.

(ATTACH FULL LOSS EXPERIENCE DETAILS)

YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL

Applicant Signature	Date	Agent or Broker	Date
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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.