

To be used with standardized industry Commercial Insurance Applications
 Applicant Information Section, Commercial General Liability Section (as needed)

Check One:
 Open Builders Risk Policy
 Coverage on a Single Hull

Please Print or Type

Name of Applicant

Location of Yard (Exact Address)

How long has yard been in operation under present Management?

Name of Operations Manager

Age

Experience in This Field

No. of Full-Time Employees

No. of Part-Time Employees

TYPE OF VESSELS BUILT

(If more than one (1) location is involved, provide the following information on each — separate application recommended)

VESSEL	MATERIALS (Check Below)					NO. BUILT ANNUALLY
	Steel	Wood	Aluminum	Fiberglass	Fero Cement	
Deck Barges						
Crane Barges						
Tank Barges						
Hopper Barges						
Towboats						
Crewboats						
Supply Boats						
Fishing Vessels						

How many vessels expected to be under construction at any one time: Inside: Outside:	Maximum exposure anticipated at any one time: Inside: Outside:	Any One Vessel: \$ Avg. Value \$ Max. Value
Minimum distance between vessels: Inside: Outside:	Maximum foreseeable loss by fire: Inside: Outside:	Any Conversions? (If "yes," give number annually) <input type="checkbox"/> Yes <input type="checkbox"/> No

COVERAGE FOR ONE SPECIFIC VESSEL

If application is for Builders Risk Coverage on one (1) specific vessel, complete the following:

Type of Vessel New Construction Conversion or Reconstruction Dimensions

Hull Materials Steel Wood Aluminum Fiberglass Ferro Cement Completed Contract Price \$

Period of Construction From: To: Construction Site (Same as location of yard above)

Describe Extent of Trials

Delivery Location

LAUNCHING AND TRIAL TIPS

Describe Method of Launch Trial trips are confined to within: Miles of Yard

Where does fitting out take place? How many vessels fitting out at any one time?

If delivery to owner is other than at yard, describe: Any Towing? Outside Port Area?
 Yes No Yes No

Describe Extent of Trails (Hours of trial operation, number of crew, usual number of customers aboard, etc.)

FIRE PROTECTION

Public Fire Department

Public Fire Hydrants

Public Fire Mains

Paid Volunteer

How many?

How Far Distant?

Size:

Pressure:

Private Fire Protection (If "yes," describe)

Yes No

SECURITY

How Many Watchman Employed? How Many on Each Shift?

Watchlocks?

Is yard fenced in, with guard at gate, when yard is operating?

Yes No

Yes No

How long has shipyard been in operation under present management? (Give prior business name, if any)

VESSEL CONSTRUCTION

Describe construction of all buildings in which vessels are built

Describe extent of any past flooding

Describe any other commercial activities at this yard

Is any vessel work subcontracted? (If "yes," describe)

Yes No

If "yes," are certificates of insurance required?

Yes No

Applicant's gross receipts for past 3 years derived from vessel construction:

\$	YR	\$	YR	\$	YR
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Are vessels under construction financed? (If "yes," name with whom)

Yes No

Current Line of Credit

\$

Is release secured limiting liability? (If "yes," give amount)

Yes No \$

INSURANCE REQUESTED

AMOUNT OF INSURANCE

Per Vessel

Pre-Keel Coverage

Per Occurrence

Deductible

\$

\$

\$

\$

Third Party protection and indemnity coverage is available. If desired, indicate limit of liability requested:

\$

Desired Effective Date

General Comments or Special Insurance Conditions you require:

To be Supplied by Agent if Known

HIGHEST CO—INSURANCE FIRE CONTENTS RATE

PREMISES	BUILDING #	BUILDING #	BUILDING #
	Construction Type	Construction Type	Construction Type
A.			
B.			
C.			

LOSS EXPERIENCE

Please attach loss experience for the past 5 years with amounts paid and outstanding (including uninsured losses). Loss runs from prior carriers are preferred.

REMARKS

Use this section for additional space to answer any "yes" questions or to give any other relevant information

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.

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.

Signature of Applicant _____ Date _____

Title _____

Agent _____ Date _____

Agent's Address _____