

## **Hull Builders Risk Insurance Supplemental Application**

APPLICANT INFORMATION									
Name:									
Address:									
City:			State:			Zip:			
Location of Yard:			<del></del>						
GENERAL INFORMATION									
How long underprese	nt manageme	ent?		# full time e	mployees:		# part time	e employees:	
VESSEL INFORMATION									
		Steel	Type Wood	e of Vessels Bui		Ferro	Cement	# Duil+ Appually	
		Steel	vvood	Aluminum	Fiberglass	rerro	Cement	# Built Annually	
Deck Barges									
Crane Barges									
Tank Barges									
Hopper Barges									
Towboats									
Workboats - 25' in len	gth								
Fishing Vessels									
Pleasure Craft									
Maximum number of vessels under construction:			Insid	e:			Outside:		
Minimum distance between vessels:			Insid	e:			Outside:		
Maximum exposure:			Inside:				Outside:		
LAUNCHING / TRIAL INFORMATION									
Describe method of launch:									
Radius of trials from yard:		Where does fitting-out take place?				How many vessels would be fitting-out at one time?			
Describe extent of sea	trials:								

FIRE PROTECTION & SECURITY								
Sprinklered? Yes	No Public Fire Dept?  Yes  No Yard Fenced?  Yes  No # of Watchmen:							
Construction of building:	Frame Steel Masonry Non-Combustible Describe:							
INSURANCE								
Desired limits: H&M	vessel / aggregate. P&I -							
Deductible: H&M	P&I -							
Coverage:								
Gross sales last 3 years:	Year 1 Year 3 Year 3							
Current insurance carrier:								
PLEASE ATTACH:  1. Claims History - Last 3 years 2. Builder's Risk Reports for the last year, including: a) Contract or hull # b) Length of vessel c) Vessel description d) Construction material e) Contract price f) Contract term g) Completion date h) Completed value of each vessel bymonth								
You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.								
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.								
The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.								
Applicant's Signature:	Date:							
Print Name:	Title:							