

Hull Builders Risk Application

1.	Name of Applicant:				
2.	Applicant Address:				
3.	Address where construction is to take place:				
4.	Is the Applicant the: Vessel Owner Contractor Performing the Work				
5.	Number of years the yard/contractor has been in the business: Approximate number of vessels built:				
6.	Term: From: To:				
7.	7. Type of vessel to be constructed (list size, type, hull material):				
8.	B. Is vessel: New Used Description of work to be done:				
0					
9.	Limits desired (for open cover on multiple vessels):				
	on any one vessel				
	while in transit				
	occurrence all vessel combined				
	located any one premises				
	For single vessel:				
10	completed value of vessel including materials				
	0. Deductible (\$250.00 minimum): \$				
	1. Materials used: □ Glass □ Wood □ Steel □ Other: 2. Type of building where construction takes place: □ Frame □ Masenny □ Fire Desistive □ Other:				
	 Type of building where construction takes place: □ Frame □ Masonry □ Fire Resistive □ Other:				
	Describe fire protection at premises:				
14.1	besche nie protection at premises.				
	Distance to Fire Department and Hydrants:				
15.	Security Protection: Lights Fence Watchman Alarms Other (describe):				
16.	Loss or claim history:				
17.	Loss experience of builder for past 5 years:				

18.	Additional coverage desired:	Launching	□ Trial Trips	Delivery Coverage

Describe all above:

19. Loss Payee:

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: