

MARINE BUILDER'S RISK POLICY APPLICATION

DATE _____

A. GENERAL INFORMATION

A. Account Name _____

Address: _____

City / State / Country: _____ Postal Code: _____

Website: _____ Phone: _____

B. Insurance Agent or Broker: _____

Address: _____

City / State / Country: _____ Postal Code: _____

Email: _____ Phone: _____

C. Description of Business: _____

Number of years in business under current management: _____

Number of employees: _____ Full Time _____ Part Time _____

Please attach experience of principles and senior operating personnel:

Maximum number of vessels expected to be under construction at Any One

Time: _____ Inside: _____ Outside: _____

Maximum dollar value of exposure anticipated at Any One Time:

Inside: \$ _____ Outside: \$ _____

Maximum Exposure for Any One Vessel: \$ _____

Minimum distance between vessels: Inside _____ Outside _____

Maximum foreseeable loss by fire: Inside \$ _____ Outside \$ _____

Number of conversions performed annually: _____

Does Applicant perform any government work?

Yes No If Yes, what percentage is gov't work: _____ %

Number of vessels built annually:

Vessel Type	Steel	Wood	Aluminum	Fiberglass	Ferro-Cement	Total
Deck Barges						
Crane Barges						
Tank Barges						
Hopper Barges						
Towboats						
Crewboats						
Supply Boats						
Fishing Vessels						
Government						
Other						

Coverage for One Specific Vessel

Type of vessel: _____ New Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No Dimensions: _____ Conversion: _____ Construction Site: _____ Delivery Location: _____	Hull Materials: _____ Completed Contract Price: \$ _____ Construction Period: Start Date: _____ Date Complete: _____
Describe extent of trials / trips: _____ _____ Trial Trips are within _____ miles of yard	Describe method of launch: _____ _____

Location of fitting-out: _____ Number of vessels fitting-out at one time: _____	
--	--

Safety / Security

Describe nature and extent of any fire protection available at the facility:

Fire Department Distance? _____ Hydrant distance? _____

A.I.A. Fire Protection Rating for the area? _____

24-Hour Watchman on Premise? Yes No

Fenced? Yes No

Floodlights? Yes No

Does Applicant have a Formal Safety Program in Effect? Yes No

If Yes, please attach a description of the program.

Does Applicant have any contracts either limiting or extending the liabilities imposed by the law? Yes No

Please Describe: _____

Vessel Construction

Describe construction of buildings in which vessels are built: _____	
Describe extent of past flooding: _____	
Describe other commercial activities at this yard: _____	
Is any vessel work sub-contracted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, describe sub-contracted work: _____	
If Yes, are certificates of insurance required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Gross Receipts from vessel construction for the last 3 years:	
Year _____	\$ _____
Year _____	\$ _____
Year _____	\$ _____

Are vessels under construction financed? Yes No
 If Yes, name source of financing: _____

Line of Credit: \$ _____
 Is release secured limiting financing? Yes No
 If Yes, amount: \$ _____

B. Insurance Coverage Information
--

Proposed Effective Date: _____

Amount of Insurance Requested

Per Vessel: \$ _____ Pre-Keel Coverage: \$ _____
 Per Occurrence: \$ _____ Deductible: \$ _____

3rd Party indemnity coverage is available. If Applicant desires this coverage, please indicate limit of liability requested: \$ _____

General comments or special insurance conditions Applicant requires:

Fire and Extended Coverage (E.C.) Rates: Provided by Agent if known

Highest Co-Insurance Fire Contents Rate:

	Building #		Building %		Open Area	
Premises	Fire	E.C	Fire	E.C.	Fire	E.C.

C. Account History

Current Insurance Policy with _____

Details of current insurance policy (form, limit, deductible, rate) _____

Has current insurance company requested replacement of coverage or sent notice of cancelation? Yes No

Premium & Loss information for last 5 year period: (attach full loss experience details - list all claims insured or not during past 5 years on all operations)

Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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.

Signature of Applicant _____ Date _____

Signature of Broker