



BUILDERS RISK APPLICATION

1. BUILDER

(a) Name: _____

(b) Address: _____

(c) Vessel being built for: _____

(d) Address of owner: _____

(e) Years in business: _____

2. LOSS PAYABLE TO: _____

3. DESCRIPTION OF VESSEL WHEN COMPLETED: _____

(a) Type of vessel: _____

(b) Wood, Fiberglass, Steel etc.: _____

(c) Propulsion machinery: Gasoline Diesel Horsepower: _____ # of Engines: _____

(d) Molded Dimensions: Length _____ Beam _____ Depth _____

(e) Estimated gross tonnage: _____

4. 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 No If "Yes" please show the limit of escalation \$ _____

5. TIME FOR BUILDING: Attach schedule, if necessary.

(a) Pre Keel _____ (b) Keel Laying _____

(c) Launching _____ (d) Delivery _____

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

6. PLACE OF COVERAGE: Assured's Plant at _____

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

Fire _____ Extended Coverage _____

Percent of co-insurance _____ %.

Specify is vessel under construction in buildings or in open? _____

Is yard fenced? Yes No Describe type and height _____

Area Enclosed _____ Is yard under watchman service? Yes No

How many employed? _____ Hours covered _____

(b) Are any materials used stored off premises? _____

Address _____

Specify fire and extended coverage rates at these locations: _____

Are any of the above areas subject to flooding _____, cyclone, tornado, hurricane or windstorm _____

(c) Are vessels to be moved while in course of construction? Yes No

Describe: _____

What type of equipment is used to move vessels? _____

Are vessels worked on after they are launched? Yes No

Are the vessels taken on trial trips? Yes No

7. 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? _____

8. LOSS INFORMATION: Indicate details of each loss showing vessel name, accident date, type claim & amount. Paid and/or outstanding.

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

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 AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

The above statements are true and accurate to the best of my knowledge and it is understood that these facts are material to the placement of this insurance.

SIGNED _____

BY THE ASSURED OR OFFICER OF CORPORATION

PRODUCER NAME: _____

ADDRESS: _____

DATE: _____