INTERNATIONAL SPECIAL RISKS, INC.



HULL BUILDER'S RISK INSURANCE APPLICATION

Named Insured:									
Contact Person For Inspect	ion and Tele	phone Nur	mber:						
Mailing Address:									
Year Business Started:									
Website:									
Other Named Insureds:									
Policy Period From:	1	Ō:		Policy Type:	Open Prog	gram	Specific V	/esse	
ACCOUNT DETAILS Location of Yard (Exact Add	ress):								
Number of Full-time Employees:				Number of Part-time Employees:					
Fire Protection and Secur	ity								
Sprinklered? Yes	No								
Public Fire Department?	Yes	No							
Yard Fenced? Yes	No								
Number of Watchmen:									
Construction of Building:	Frame	Steel	Mason	ry Non-Combustib	le Other, [Describe: _			
Does Applicant Operate Ves If Yes, Please Explain:	-		e Railways c	or Graving Docks?	Yes	No			
Are Vessels Taken on Trial			No						
If Yes, State Maximum Dista	ance, In Mile	s, From Ya	ard:						
Does Applicant Deliver Vess	sels?	Yes	No						
If Yes, Maximum Distance, i	n Miles, on	Water:		If Yes, Maximum [Distance, in Mile	es, Over Land	d:		
Are Vessels Towed? Yes No				If Yes, is Release of Tower Obtained?				No	
Is Any Work Subcontracted	? Yes	s No)						
If Yes, is Hold Harmless or \	Naiver of Su	brogation	Secured?	Yes N	lo				
Type and Percentage of Wo	rk Subcontr	acted:							

Please Select Only One of the Coverages List Below: INDIVIDUAL VESSEL ADDENDUM $\underline{\underline{\text{or}}}$ OPEN POLICY ADDENDUM

INDIVIDUAL VESSEL A Vessel being Built for: Address of Owner:						
Loss Payable to:						
Description of Vessel W	hen Completed	d:				
Type of Vessel:						
Construction: Steel	Fiberglass	Wood	Aluminum	Other:		
Propulsion Machinery:			•		-	ines:
Molded Dimensions: Len	-				_ Depth:	
Estimated Gross Tonnage):					
Values:						
Per Keel Values: \$		Ead	ch	Contract Price:	\$	Each
Additional Values: \$		Ead	ch	Insured Value:	\$	Each
Total Values: \$						
Is Contract Price: Fix	ced Adjuste	d?	If Adjuste	d, is There a Lim	it of Escalation?	Yes No
If Yes, Please Show the L	imit of Escalation	on:				
Timeline for Building:	Attach Schedule	e if Necessa	° V.			
Pre Keel:			-	1:		
Launching:						
Number of Months of Insu						
OPEN POLICY ADDEN Type of Vessels Built Vessel	Steel	Wood A	Aluminum Fibe	rglass Ferro	Cement	# Built Annually
Deck Barges	01001	7		1 0110	Ocinicit	# Built / tillidally
Crane Barges						
Tank Barges						
Hopper Barges						
Towboats						
Workboats -25' Length						
Fishing Vessels						
Pleasure Craft						
Maximum Number of Ves						
Minimum Distance Betwe						
Maximum Exposure: Insi						
Desired Limits: H&M:					e P&I:	
Deductible: H&M:		P&I:				
^						
Coverage: Gross Sales for the Last 3						

Please Attach a Builder's Risk Reports for the Last Year, Including: Contract or Hull Number **Construction Material** Completion Date Contract Price Length of Vessel Completed Value of Each Vessel Description Contract Term Vessel by Month PREMIUM AND LOSS HISTORY Premiums Paid Losses Paid Number of Claims **Details of Accident** Year HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED. SPECIAL INFORMATION Present Insuring Company: _____ _____ Provide Copies of Current Policies if Available. Has Any Company Ever Cancelled Insurance for This Owner? Yes No If Yes, With What Company and on What Terms? 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 ISR 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 insurance. Any persons 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.



MASSACHUSETTS
50 Salem Street
Building B • 3rd Floor
Lynnfield, MA 01940
781-295-0270

Applicant's Signature:

Print Name:

VIRGINIA 7130 Glen Forest Drive Suite 405 Richmond, VA 23226 804-644-5600

www.isr-insurance.com

Date: _____

Title: _____