



HULL BUILDER'S RISK INSURANCE APPLICATION

Named Insured: _____
Contact Person For Inspection and Telephone Number: _____
Mailing Address: _____
Year Business Started: _____
Website: _____
Other Named Insureds: _____

Policy Period From: _____ To: _____ Policy Type: Open Program Specific Vessel

ACCOUNT DETAILS

Location of Yard (Exact Address): _____
Number of Full-time Employees: _____ Number of Part-time Employees: _____

Fire Protection and Security

Sprinklered? Yes No
Public Fire Department? Yes No
Yard Fenced? Yes No
Number of Watchmen: _____
Construction of Building: Frame Steel Masonry Non-Combustible Other, Describe: _____

Does Applicant Operate Vessels, Dry Dock, Marine Railways or Graving Docks? Yes No
If Yes, Please Explain: _____
Are Vessels Taken on Trial Trips? Yes No
If Yes, State Maximum Distance, In Milles, From Yard: _____
Does Applicant Deliver Vessels? Yes No
If Yes, Maximum Distance, in Miles, on Water: _____ If Yes, Maximum Distance, in Miles, Over Land: _____
Are Vessels Towed? Yes No If Yes, is Release of Tower Obtained? Yes No
Is Any Work Subcontracted? Yes No
If Yes, is Hold Harmless or Waiver of Subrogation Secured? Yes No
Type and Percentage of Work Subcontracted: _____

Please Attach a Builder's Risk Reports for the Last Year, Including:

Contract or Hull Number	Construction Material	Completion Date
Length of Vessel	Contract Price	Completed Value of Each
Vessel Description	Contract Term	Vessel by Month

PREMIUM AND LOSS HISTORY

Year	Premiums Paid	Losses Paid	Number of Claims	Details of Accident

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.

Applicant's Signature: _____ Date: _____
Print Name: _____ Title: _____