

## BUILDERS RISK APPLICATION

Desired Effective Date \_\_\_\_\_

**1. Owner:**

- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Name of Builder: \_\_\_\_\_
- d. Address of Builder: \_\_\_\_\_
- e. Years in Business: \_\_\_\_\_

**2. Loss Payee:**

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:**

Pro 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 coinsurance: \_\_\_\_\_%

Specify is vessel under construction in buildings or in open: \_\_\_\_\_

Is yard fenced? ☐ Yes ☐ No

Describe type and height: \_\_\_\_\_



Area enclosed? ☐ Yes ☐ No

Is yard under watchman service? ☐ Yes ☐ No

How many are employed? \_\_\_\_\_

Hours covered: \_\_\_\_\_

Heat source: \_\_\_\_\_

Is there a wood stove? ☐ Yes ☐ No

b. Are any materials used stored off premises? ☐ Yes ☐ No

Address: \_\_\_\_\_

Specify fire and extended coverage rates at these locations: \_\_\_\_\_

Are any of the above areas subject to flooding? ☐ Yes ☐ No

Cyclone, tornado, hurricane or windstorm? ☐ Yes ☐ No

c. Are vessels to be moved while in course of construction? ☐ Yes ☐ No

Describe: \_\_\_\_\_

What type of equipment is used to move vehicles? \_\_\_\_\_

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? ☐ Yes ☐ No

☐ At yard ☐ Buyers Premises ☐ By land ☐ By water ☐ Under Power ☐ Towed

If towed, is there a release of tower? ☐ Yes ☐ No

**8. Loss Information:**

Indicate details of each loss showing vessel name, accident date, type of claim & amount, paid and/or outstanding

\_\_\_\_\_

\_\_\_\_\_

**9. Present Carrier:**

List details of current insurance showing carrier, form and any other pertinent information:

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_