

Lobster Boat Insurance Program



BUILDERS RISK APPLICATION

1.	Ow	ner:					
	a.	Name:					
	b.	Address:					
	c.	Name of Builder:					
	d.	Address of Builder:					
	e.	Years in Business:					
2.	Los	ss Payee:					
	Pay	vable to:					
3.	De	scription 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.	Val	ues:					
	Pro	Keel Values: \$ each Contract Price: \$ each					
	Ad	ditional Values: \$ each Insured Value: \$ each					
	Tot	al Value: \$					
	ls c	ontract price fixed or adjusted:					
	If a	djusted, is there a limit of escalation?	□Yes	□No			
	If Y	es, please show the limit of escalation: \$					
5.	Tim	ne 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.	Pla	ce of Coverage:					
	Ass	sured'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
D	Pelivery:		
D	oes the builder deliver vessels?	□Yes	□No
	At yard □ Buyers Premises □ By land □ By water □ Under Power □ Towed		
lf	towed, is there a release of tower?	□Yes	□No
Lo	oss Information:		
	oss Information: ndicate details of each loss showing vessel name, accident date, type of claim & amount	, paid and/or outstar	nding
In		, paid and/or outstar	nding
In	ndicate details of each loss showing vessel name, accident date, type of claim & amount		nding
In — Pr Li — — TI	ndicate details of each loss showing vessel name, accident date, type of claim & amount	:	
In — Pr Li — — TI	resent Carrier: ist 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 under	: stood that these fact	s are
In — Pr Li — — TI	resent Carrier: ist 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 under material to the placement of this insurance.	: stood that these fact	s are
In — Pr Li — TI m	resent Carrier: ist 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 under material to the placement of this insurance. Signed: BY THE ASSURED OR OFFICE	: stood that these fact CER OF CORPORAT	s are
In — Pr Li — TI m	resent Carrier: ist 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 under material to the placement of this insurance. Signed: Signed:	: stood that these fact CER OF CORPORAT	s are

hanover.com

PAGE 2