

## HULL BUILDER'S RISK APPLICATION

Name of Builder:

Address of Builder:

Vessel being built for:

Address of Owner:

Loss payable to:

### Description of vessel when completed:

(a) Type of Vessel:

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

(c) Propulsion machinery:  Gasoline  Diesel      Manufacturer: \_\_\_\_\_

(d) Horsepower: \_\_\_\_\_ Number of Engines: \_\_\_\_\_

(e) Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Depth: \_\_\_\_\_

(f) Estimate Gross Tonnage: \_\_\_\_\_

### Time for building:

(a) Date of keel laying:

(b) Estimated date of completion:

(c) Effective date of insurance:

### Costs:

(a) Contract price or completed value \$ \_\_\_\_\_

(b) Value of vessel at time of attachment of insurance \$ \_\_\_\_\_

(c) Is the contract price: \_\_\_\_\_ Fixed \_\_\_\_\_ Adjusted

(d) Will sub contractors work on the project?    YES    NO

If yes are they insured for both general liability as well as ship repairers' liability?    YES    NO

### Location:

(a) Location (address) of construction:

(b) Is construction:    \_\_\_\_\_ Inside a building    \_\_\_\_\_ Outside a building

(c) Describe fencing, lighting and any other security measures:

(d) Nearest hydrant \_\_\_\_feet Fire extinguishers:\_\_\_\_\_

(e) Is the location subject to flooding, cyclones, tornadoes, hurricanes or windstorms? YES NO

If yes, specify:

(f) Are vessels to be moved while in course of construction? YES NO

If yes, describe:

(g) What type of equipment is used to move vessels:

Describe the launching procedure and location:

Are the vessels worked on after they are launched? YES NO

If yes, describe work and mooring location:

Describe trial trips:

**Delivery:**

Will the builder deliver the vessel: YES NO

\_\_\_\_At the yard                      \_\_\_\_By land

\_\_\_\_Buyer's premises              \_\_\_\_By water

\_\_\_\_Under power                    \_\_\_\_Towed

If towed, is there a release of the tower?

**Experience of the builder**

Give a brief summary of the builder's experience with construction of vessels of this type and size:

**Loss Record:**

List all claims made against you during the past five years resulting from operations covered by this form of policy, including date, cause, amount paid or estimated amount, if claim not yet settled.

Name of insurance company that presently insures you:

Name any insurance company or agent that canceled or refused to renew this type of insurance for you:

**Remarks:**

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date