

COMMERCIAL HULL BUILDERS RISK APPLICATION

ower: # of Engines: Depth								
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es" please show the limit of escalation								
If adjusted, is there a limit of escalation? Yes No. If "Yes" please show the limit of escalation \$								
(b) Keel Laying								
(d) Delivery								
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ryel to delivery)								
es								

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		Area Enclo	sed	Yes	No	Is yard	d under wa	atchma	n service?	Yes	No		
		How many	employ	/ed		Hours	covered _						
	(b)	Are any m	aterials	used stor	ed off premises	Yes	No) If ye	s, please	provide add	ress.		
		Address _											
		Specify fire and extended coverage rates at these locations:											
		Are any of	the abo	ove areas	subject to flood	ling, cyclor	ne, tornad	o, hurr	icane or w	indstorm?	Yes	No	
		If yes, plea	se desc	cribe									
	(c) Are vessels to be moved while in course of construction? Yes No												
		If yes, please describe.											
		What type of equipment is used to move vessels?											
		Are Vesse	ls worke	ed on afte	r they are laund	ched?	Yes	No					
		Are the ve	ssels ta	ken on tria	al trips? You	es N	0						
7. [DE	LIVERY:	Does	the builde	er deliver vessel	ls:							
			At Ya	rd	Yes	No	By La	ınd	Yes	No			
			Buyer	s Premise	es Yes	No	By W	ater	Yes	No			
			Unde	r Power	Yes	No	Towe	d	Yes	No			
		If towed, is there a release of tower? Yes No											

8. LOSS HISTORY: List all claims/occurrences made against you during the past five (5) years resulting from operations covered by this form of policy. If none, state "none".

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amt. of Loss before any deductible	Current Status Paid or Outstanding

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9. PRES	PRESENT CARRIER: List details of current insurance showing carrier, form and any other pertinent information								
OTHER P CONCEAL THERETO	SON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OF ERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OF S. FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL , COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO D CONFINEMENT IN PRISON.								
	statements are true and accurate to the best of my knowledge and it is understood that these facts are the placement of this insurance.								
	SIGNED								
	BY THE ASSURED OR OFFICER OF CORPORATION								
ADDRESS	ER NAME:								

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