

# MARINE BUILDERS RISK APPLICATION

Applicant's Name:		Broker's Name:	
Address:		Address:	
Waterfront: <input type="radio"/> Yes <input type="radio"/> No	City:	Broker's No.:	City:
Province:	Postal Code:	Province:	Postal Code:
Loss Payable:		Policy Term Desired:	
Address:			

INSURANCE DETAILS		
Nature of Business:		Years of experience in this line of business:
Annual Gross Receipts:	Annual Payroll:	
Type of vessels and materials used:		
Type of work performed/launching facilities/other equipment (cranes):		
Size of vessels constructed:	Duration of construction:	How are vessels launched after completion?
Number of vessels constructed yearly:	Total value of vessels constructed yearly:	Highest value vessel constructed:
Max. # of vessels constructed any one time:		Max. amount at risk (any one time): \$
Do you have any risks in transit:	Are subcontractors employed? <input type="radio"/> Yes <input type="radio"/> No What operations?	Do subcontractors carry their own insurance? <input type="radio"/> Yes <input type="radio"/> No

LOCATION	
Location(s) of work being performed:	Fence: <input type="radio"/> Yes <input type="radio"/> No Other security measures:
If work is being performed inside please provide details on the building i.e. construction, sprinklered, alarms, etc.:	

FIRE PROTECTION		
Department:	Hydrants:	Mains:
<input type="radio"/> Public <input type="radio"/> Paid <input type="radio"/> Volunteer	How Many?	Distance away: _____ Size: _____ Pressure: _____

Private  If any, please describe:

SEA TRIALS		
Where would vessel be tested/demonstrated?	Distance Operated Offshore (km):	Protection & Indemnity \$ Limit Required?

LOSSES
Previous losses past five years:

PREVIOUS INSURER	
Company:	Policy #:
Has insurance ever been cancelled or refused renewal?	# Years with Current Insurer:
Does applicant have other policies with eUNDERWRITERS <input type="radio"/> Yes <input type="radio"/> No	

Additional Information:

*The completion and signing of this application does not bind the applicant or the company to effect insurance on the risk; but it is agreed that this form shall be the basis of the contract should a policy be issued.*

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