



APPLICATION FOR OPEN BUILDERS RISK INSURANCE

Agent Name: _____

Producer Code: _____

Name of Applicant: _____

Name of Business: _____

Current Carrier: _____

Policy Period _____, 20 _____ To _____, 20 _____

Reporting Period Requested Monthly Quarterly

Main Location: _____

Additional Locations and Operations at Each Location:

Give Details of Types/Designs of Vessels Built:

Average Value of Vessels Built: _____

Average Length of Time to Complete One Vessels: _____

Number of Vessels Built Annually: _____ Annual Gross Receipts: \$ _____

Detail Experience of Insured, Current and Prior:

Fire Protection Information:

Public Fire Department: _____

Paid or Volunteer

Distance to Fire Department: _____

Public Hydrants? _____

Private Fire Protection (explain): _____

Is Yard Fenced? _____ Watchman? _____ Patrol? _____

Information on buildings: i.e.: age, construction, sprinklered? _____

Other _____

SCHEDULE OF COVERAGE, LIMITS, AND DEDUCTIBLES DESIRED:

Builders Risk/Hull:

Any One Vessel: \$ _____ Any One Accident: \$ _____

Deductible: \$ _____ Deductible: \$ _____

Protection and Indemnity:

Limits: \$ _____ Deductible: \$ _____

Owned Molds, Frames and Trailers:

Limits Desired: \$ _____ Deductible: \$ _____

Describe items to be insured:

Distance to sea trials: _____

Describe methods of launch:

Exact navigation needed for sea trials:

Describe extent of trials (hours, number of crew, customers aboard?) General Procedure:

LOSS EXPERIENCE: (Past 5 Years) INCLUDING ANY UNINSURED LOSSES
 Show all losses gross (before application of deductible, if any):

<u>Date of Loss</u>	<u>Description</u>	<u>Amount (Gross)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are vessels under construction financed? _____ If yes, with whom? _____

_____ Current line of credit \$ _____

REMARKS: (PLEASE USE THIS SPACE TO COMMENT UPON FACTS NOT BROUGHT OUT IN ANSWERING APPLICATION ITEMS ABOVE – I.E. EMERGENCY PROCEDURE, LOSS CONTROL, OSHA COMPLIANCE, PLANS FOR EXPANSION OR UPGRADING OF FACILITIES, FUTURE PROJECTS, ETC.):

I UNDERSTAND THAT THE ABOVE INFORMATION, WHICH IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, IS TO BE THE BASIS OF INSURANCE, IF GRANTED, BUT DOES NOT OBLIGATE ME TO ACCEPT THE INSURANCE, NOR THE COMPANY TO ACCEPT THE RISK.

Important Notice Regarding The Fair Credit Reporting Act: As part of our underwriting procedure, an investigative consumer report may be made which could include information regarding your character, general reputation, personal characteristics and mode of living. This information will be used solely by the underwriting insurance company(s). Future reports may be used for an update, renewal or extension of your insurance. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties.

Applicant's Statement: I certify that the information on this application to the best of my knowledge is correct and complete. I have read or had read to me the completed application. I realize that any material misstatement or misrepresentation in the application may result in loss of coverage. I understand this information is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the company to accept the risk. I understand and agree that the company may obtain from third parties information regarding me, my business, and employees, including driving records, financial credit information and prior claims information. I understand that I have the right of access and correction with respect to all such information collected and that the Company will provide further information regarding my statutory rights upon request. I understand that if insurance is offered and accepted by me that the information and documentation provided by me and which served as the basis for this application for insurance will become part of the policy that is issued.

Insurance Agency: _____	Signature of Applicant _____
_____	Title: _____
_____	Date: _____