



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 ? If yes are they insured for both general liability as well as ship repairers liability ?

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? _____

(h) 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

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> At the yard | <input type="checkbox"/> By land |
| <input type="checkbox"/> Buyers premises | <input type="checkbox"/> By water |
| <input type="checkbox"/> Under power | <input type="checkbox"/> 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

OM-hullB/R.app(2/01)



Commonwealth
Underwriters Ltd.

P.O. Box 5441 Richmond, VA 23220
Phone: 800-396-6226
Fax: 888-359-6994
www.commund.com