



BUILDERS RISK APPLICATION

1. Name and Mailing address of applicant:
2. Describe your experience building vessels:
3. Describe vessels previously built:
4. Describe type of work to be performed by applicant:
5. Describe vessel(s) to be built (construction, size, type):
6. Number and average values of vessels built per year:
7. Average construction period per vessel:
8. Are vessels built on customer's order <input type="checkbox"/> OR on speculation <input type="checkbox"/>
9. a. If sales to countries besides Canada advise where: b. Percentage of sales to U.S. % Canada % Others %
10. a. Location of yard: b. Owned <input type="checkbox"/> Rented <input type="checkbox"/>
11. External Security: <i>(select ones which apply)</i> Locked compound: <input type="checkbox"/> Central alarm <input type="checkbox"/> Other <input type="checkbox"/> <i>(please describe)</i> Fully fenced yard: <input type="checkbox"/> 24 Hour watchman <input type="checkbox"/> Monitoring alarm <input type="checkbox"/> Night watchman <input type="checkbox"/> Local alarm <input type="checkbox"/> Guard dogs <input type="checkbox"/>
12. External Fire Protection: <i>(select ones which apply)</i> Nearest fire hydrant: kms Nearest fire hall: kms Voluntary fire hall: <input type="checkbox"/> Paid: <input type="checkbox"/>
13. If vessels are constructed in a building attach a supplementary building application.
14. If there is inventory accumulated please complete and attach BOAT DEALER application if storage coverages required after construction completed.

15. a. Are sub-contractors used: Yes <input type="checkbox"/> No <input type="checkbox"/>	b. Is proof required they have CGL insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
16. a. Describe work that is sub-contracted out: b. Provide names of usual sub-contractors hired:	
17. a. Have you had any claims in the last 5 years? If so, please provide details: b. Have you been involved in any major losses at any time? If so, please provide full details:	
18. a. Prior Insurer: d. Expiry date: f. If yes please advise why:	c. Policy No. e. Ever cancelled by an Insurer? Yes <input type="checkbox"/> No <input type="checkbox"/>
19. a. Insurance Coverages Requested: b. Insured value per vessel: c. Insured value per location at construction site: d. Insured value per location for inventory: e. Protection and Indemnity limit of liability per vessel:	

Agent's Name and Address: _____

Agent / broker's signature: _____

Applicant's signature: _____

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.

Supplementary application for all buildings

Applicant name and mailing address:		
Location a/o building address:		
Building is owned <input type="checkbox"/> rented <input type="checkbox"/> Approximate value of building:		
General: Square feet: Year Built: Height: Number of stories:	Construction: <input type="checkbox"/> Fire resistive <input type="checkbox"/> N.S.F.R. <input type="checkbox"/> Incombustible <input type="checkbox"/> Brick / Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other:	Finish: <input type="checkbox"/> Open <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Other:
Roof Decking: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Mill <input type="checkbox"/> Patent / wood joist	Roof Covering: <input type="checkbox"/> Patent <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Tar Paper <input type="checkbox"/> Other:	Chimney: <input type="checkbox"/> Brick/masonry from ground <input type="checkbox"/> Listed pre-fab metal <input type="checkbox"/> Other:
Grade Floor: <input type="checkbox"/> Concrete <input type="checkbox"/> Wood joist <input type="checkbox"/> Other:	Floor openings: <input type="checkbox"/> Open to storey <input type="checkbox"/> Open to basement <input type="checkbox"/> Other:	Beams: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other:
Access Detachment: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> All sides (is building attached to others etc...)	Exposures: (ie describe neighbors)	Fuses: <input type="checkbox"/> Ordinary fuses Type: <input type="checkbox"/> Circuit Breakers
Wiring: <input type="checkbox"/> Conduit <input type="checkbox"/> Romex <input type="checkbox"/> B.X. <input type="checkbox"/> Other:	Fuel: <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Other:	Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Forced warm air <input type="checkbox"/> Steam <input type="checkbox"/> Hot water <input type="checkbox"/> Woodstove (attach latest inspection) <input type="checkbox"/> Other:
Fire Protection: Distance from fire hydrant: Distance from fire hall: Volunteer or paid fire hall:	Internal Fire Protection: <input type="checkbox"/> Sprinklered <input type="checkbox"/> Central Station <input type="checkbox"/> CO2 System <input type="checkbox"/> Hand held fire extinguishers <input type="checkbox"/> Automatic Stand pipe & hose <input type="checkbox"/> Manual Stand pipe & hose <input type="checkbox"/> Other:	Internal Fire Alarms <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Fire alarms <input type="checkbox"/> Other:
External Security: <input type="checkbox"/> Area completely fenced <input type="checkbox"/> Watchmen services 24 hour <input type="checkbox"/> Nighttime only <input type="checkbox"/> <input type="checkbox"/> Floodlights <input type="checkbox"/> Guard dogs <input type="checkbox"/> Other:	Internal Security: <input type="checkbox"/> Local alarm <input type="checkbox"/> Central alarm <input type="checkbox"/> Monitoring alarm Protects: <input type="checkbox"/> Premises <input type="checkbox"/> Vault <input type="checkbox"/> Safe	Other security: <input type="checkbox"/> Bars on windows <input type="checkbox"/> Steel door <input type="checkbox"/> Other: