



MARINE COMMERCIAL LIABILITY

SUPPLEMENTARY INFORMATION FOR VESSEL CONSTRUCTION

Name of Applicant _____

Address _____

If accepted by the Company, coverage is desired beginning _____, 19____.

1. Location of yard(s)

(a) _____ (c) _____

(b) _____ (d) _____

2. Type of vessels built

Vessel	M A T E R I A L S (Check)					No. Built Annually
	Steel	Wood	Alum.	Fiberglass	Other	
Deck Barges						
Crane Barges						
Tank Barges						
Hopper Barges						
Towboats						
Crewboats						
Supply Boats						
Fishing Vessels						
Private/Pleasure (Type)						
Other						

3. Describe method of launch _____

Describe extent of trials (hours of trial operation, number of crew, usual number of others aboard)

Describe delivery trips (distance, number of crew, others aboard, tower or land conveyance)

4. Usual Construction Period (months) Average Contract Value Maximum Contract Value

Deck Barges	_____	\$ _____	\$ _____
Crane Barges	_____	\$ _____	\$ _____
Tank Barges	_____	\$ _____	\$ _____
Hopper Barges	_____	\$ _____	\$ _____
Towboats	_____	\$ _____	\$ _____
Crewboats	_____	\$ _____	\$ _____
Supply Boats	_____	\$ _____	\$ _____
Fishing Vessels	_____	\$ _____	\$ _____
Private/Pleasure	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____

Maximum contract values at any one yard location _____

5. IF APPLICATION IS FOR COVERAGE ON ONE SPECIFIC VESSEL, complete this item:

- (a) Type of vessel _____
- (b) Dimensions _____
- (c) Hull Materials _____
- (d) Completed Contract Price \$ _____
- (e) Period of Construction: From _____, 19__ to _____, 19__
- (f) See item 1 above - construction site (check)
 - (a) () (b) () (c) () (d) ()
- (g) Describe extent of trials _____
- (h) Delivery description and location _____

6. Fire Protection:

- (a) Public fire department Paid () Volunteer ()
- (b) Distance to nearest fire department _____
- (c) Public fire hydrants: How many? _____ How far distant? _____
- (d) Public fire mains: Size _____ Pressure _____
- (e) Private fire protection (describe) _____
- (f) Building fire protection (describe) _____

7. Watchmen:

- How many employed? _____ How many on each shift? _____
- Watchlocks? Yes () No ()
- Is yard fenced? Yes () No ()
- Is guard at gate when operating? Yes () No ()

8. Describe applicant's experience as builder _____

9. Applicant's gross receipts for past 5 years derived from vessel construction:

\$ _____ 19__

\$ _____ 19 _____
 \$ _____ 19 _____
 \$ _____ 19 _____
 \$ _____ 19 _____

10. Percentage of repair work sub-contracted _____. Is sub-contracted work accompanied by a hold harmless/indemnity agreement? _____ Waiver of subrogation? _____
 Are certificates of insurance required? _____ What limits? _____

11. Does the applicant enter into contractual agreements other than those normal to the industry? _____. If so, provide details and copies of contracts:

12. Current insurance carrier:

13. Current premiums (i.e. Minimum & Deposit and adjustment rate):

14. Limit of liability and deductible requested:

15. Has any policy or coverage been declined or non-renewed during the past five years? _____
 If so, provide details:

16. Are revenues generated from other than the marine operations described above? _____
 If so, provide details:

17. Does applicant use employee leasing services and/or temporary workers? _____ If so, are there hold harmless/indemnity agreements in place in the applicant's favor? _____ Waiver of subrogation? _____ Are certificates of insurance obtained? _____ What limits? _____

18. Contact and phone number to arrange an inspection:

19. LOSS EXPERIENCE (past 5 years) including any insured losses. Show all losses gross (before application of deductible, if any):

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

20. Are vessels under construction financed? _____ If yes, with whom _____
 Current line of credit \$ _____

21. 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, etc.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State Only.)

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 Signature

Company Title

Date

Producer Signature

Company Title

Date