

*This Application is submitted to Travelers Insurance Company of Canada ("TICC") and St. Paul Fire and Marine Insurance Company ("SPFM"). In the event a policy of insurance is issued by TICC, any references to SPFM shall be inapplicable. In the event a policy is issued by SPFM, then (i) any references to TICC shall be inapplicable, and (ii) for purpose of the Insurance Companies Act (Canada), this document is issued in the course of SPFM's insurance business in Canada.*

*Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited. Please complete one application for each location separately and attach the following papers.*

1. Type of insurance applying for (check one) <input type="checkbox"/> Open Builders Risk Policy <input type="checkbox"/> Coverage on a Single Hull		
2. Name of Applicant		3. Applicant Web Site
4. Applicant Address (No., Street, City, Province, Postal Code, Country)		5. Telephone No.
6. Location of Yard (No., Street, City, Province, Postal Code, Country)		
7. How long in operation under present management	8. No. of Full-Time Employees	9. No. of Part-Time Employees
10. Name of Operations Manager and Telephone No.		11. Experience in this field (years and months)
12. Do you build yachts from your own design? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, do you carry professional liability?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Do you sell direct to consumers or dealerships? <i>If yes, professional limits</i>

**TYPE OF VESSELS BUILT**

14. If more than one location is involved, provide the following information on each, a separate application is recommended.

Vessel Type	Materials Used (check below)				Average # of Months to Build	No. Built Annually	Total Value Built
	Steel	Wood	Aluminum	Fiberglass			
a. Deck Barges .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b. Crane Barges.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
c. Tank Barges.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
d. Hopper Barges.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
e. Towboats .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
f. Crewboats.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
g. Supply Boats.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
h. Fishing Vessels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
i. Yachts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
j. Pleasure Craft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
k. Ferries.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
l Other _____ .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

*For numbers 15 through 20, please attach list of current projects/value.*

15. How many vessels are expected to be under construction at any one time? Inside:                      Outside:	16. Maximum exposure anticipated at any one time. Inside:                      Outside:	17. Any one vessel Avg. Value                      Max. Value \$                                      \$
18. Minimum distance between vessels: Inside:                      Outside:	19. Maximum foreseeable loss by fire: Inside:                      Outside:	20. Any conversions <i>If yes, give # annually</i> <input type="checkbox"/> Yes <input type="checkbox"/> No    #

**COVERAGE FOR ONE SPECIFIC VESSEL**

*If application is for Builders Risk Coverage on one (1) specific vessel, Complete the following.*

21. Type of vessel	22. Construction <input type="checkbox"/> New <input type="checkbox"/> Conversion <input type="checkbox"/> Reconstruction	23. Dimensions
24. Hull Materials	25. Completed Contract Price \$	
26. Period of Construction From:                      To:	27. Construction Site <i>(if different from yard above)</i>	
28. If conversion/reconstruction describe work being performed. What is the value at the commencement of the project?		
29. Describe extent of trials		
30. Delivery location		

**LAUNCHING AND TRIAL TRIPS**

31. Describe method of launch	32. Dimensions  Miles of Yard
33. Where does fitting out take place?	34. How many vessels fitting out at one time?
35. Scope of navigation needed for sea trials?	36. Typical # of crew used/passengers carried?
37. If delivery to owner is other than at yard, describe?	38. Any Towing <input type="checkbox"/> Yes <input type="checkbox"/> No
	39. Outside Port Area? <input type="checkbox"/> Yes <input type="checkbox"/> No
40. Describe extent of trials <i>(Hours of trial operation, number of crew, usual number of customers aboard, etc.)</i>	
41. Describe any US Coast Guard testing such as evacuation, stability, etc.	

**FIRE PROTECTION AND SECURITY**

42. Is the Public Fire Department paid or volunteer? ..... \_\_\_\_\_

43. How many Public Fire Hydrants are on location? ..... \_\_\_\_\_

    a. What is the distance?..... \_\_\_\_\_

    b. What is the size of the Public Fire Mains? ..... \_\_\_\_\_

    c. What is the pressure of the mains?..... \_\_\_\_\_

44. Are buildings sprinklered? .....  Yes  No

*If yes, type of sprinklers:* \_\_\_\_\_

45. Do you have Private Fire Protection? .....  Yes  No

*If yes, please describe:* \_\_\_\_\_

46. How many watchman are employed?..... \_\_\_\_\_

    a. How many are on each shift?..... \_\_\_\_\_

    b. Are there watchblocks?.....  Yes  No

47. Is yard fenced in, with guard at gate, when yard is operating? .....  Yes  No

48. How long has shipyard been in operation under present management? ..... \_\_\_\_\_

*(give prior business name, if any)* \_\_\_\_\_

## BUILDING CONSTRUCTION

49. Describe construction of all buildings in which vessels are built, including separation between buildings, age of buildings, area (sq. ft.) of each building:

\_\_\_\_\_

50. Estimate maximum values exposed for yachts under construction in each building (specify building): \_\_\_\_\_

\_\_\_\_\_

51. Describe extent of any past flooding: \_\_\_\_\_

52. Describe any other commercial activities at this yard: \_\_\_\_\_

53. Is any vessel work subcontracted? .....  Yes  No

*If yes, please describe:* \_\_\_\_\_

*If yes, are certificates of insurance required?.....*  Yes  No

54. Annual gross sales from:

		<b>Prior Year</b>		<b>Estimated Current Year</b>		<b>Estimated Next Year</b>
Construction	\$	Ye ar	_____	\$	Ye ar	_____
Conversion	\$	Ye ar	_____	\$	Ye ar	_____
Reconstruction	\$	Ye ar	_____	\$	Ye ar	_____

55. Are vessels under construction financed?.....  Yes  No

*If yes, name and with whom:* \_\_\_\_\_

\_\_\_\_\_

56. Current line of credit..... \$ \_\_\_\_\_

57. Is release secured limiting liability? .....  Yes  No

*If yes, give amount.....* \$ \_\_\_\_\_

## INSURANCE

58. What company presently insures you? \_\_\_\_\_

\_\_\_\_\_

59. Expiring Premium..... \$ \_\_\_\_\_

60. Has any company cancelled or declined to write or renew this type of insurance?.....  Yes  No

*If yes, please explain:* \_\_\_\_\_

61. Builders Risk Limits of Liability:

a. Any one Hull..... \$ \_\_\_\_\_

b. Any one Occurrence ..... \$ \_\_\_\_\_

c. Protection & Indemnity..... \$ \_\_\_\_\_

d. Molds (attach schedule)..... \$ \_\_\_\_\_

62. General comments or special insurance conditions you require:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOSS RECORD**

63. Loss experience for the past 5 years with amounts paid and outstanding (including uninsured losses):

Date of Loss	Description	Amount
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
d. _____	_____	\$ _____
e. _____	_____	\$ _____

**GENERAL COMMENTS**

64. If available, please attach a photograph, sketch or diagram of facility on a separate sheet of paper.

65. Additional comments if any:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED COMPLETION - READ AND SIGN**

**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.**

Applicant's Signature <b>X</b>	Date
Agent's Signature <b>X</b>	Date