

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of St. Paul Fire and Marine Insurance Company'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.

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? <i>If yes, do you carry professional liability?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, professional limits</i> 13. Do you sell direct to consumers or dealerships?

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"/>			
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:

		Prior Year		Estimated Current Year		Estimated Next Year			
Construction	\$	_____	Year _____	\$	_____	Year _____	\$	_____	Year _____
Conversion	\$	_____	Year _____	\$	_____	Year _____	\$	_____	Year _____
Reconstruction	\$	_____	Year _____	\$	_____	Year _____	\$	_____	Year _____

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 X	Date
Agent's Signature X	Date