



ESSEX INSURANCE COMPANY

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? YES NO

If yes are they insured for both general liability as well as ship repairers' liability? YES NO

Location:

(a) Location (address) of construction: _____

(b) Is construction Inside a building Outside a building

(c) Describe fencing, lighting and any other security measures: _____

(g) Nearest hydrant _____ feet Fire extinguishers: _____

(h) Is the location subject to flooding, cyclones, tornadoes, hurricanes or windstorms? YES NO

If yes, specify: _____

(i) Are vessels to be moved while in course of construction? YES NO

If yes, describe: _____

(j) What type of equipment is used to move vessels: _____

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: YES NO

At the yard By land

Buyers premises By water

Under power 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