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Other Locations
Concord, NC
Lewis Run, PA
Discovery Bay, CA

HULL BUILDERS RISK APPLICATION

1. Name of Applicant: _____
2. Applicant Address: _____
3. Address where construction is to take place: _____
4. Is the Applicant the: Vessel Owner Contractor Performing the Work
5. Number of years the yard/contractor has been in the business: _____ Approximate number of vessels built: _____
6. Term: From: _____ To: _____
7. Type of vessel to be constructed (list size, type, hull material):

8. Is vessel: New Used Description of work to be done:

9. Limits desired (for open cover on multiple vessels):
\$ _____ on any one vessel
\$ _____ while in transit
\$ _____ occurrence all vessel combined
\$ _____ located any one premises
For single vessel:
\$ _____ completed value of vessel including materials
10. Deductible (\$250.00 minimum): \$ _____
11. Materials used: Glass Wood Steel Other: _____
12. Type of building where construction takes place: Frame Masonry Fire Resistive Other: _____
13. Is building Sprinklered: Yes No
14. Describe fire protection at premises:

Distance to Fire Department and Hydrants: _____
15. Security Protection: Lights Fence Watchman Alarms Other (describe):

16. Loss or claim history:

17. Loss experience of builder for past 5 years:

18. Additional coverage desired: Launching Trial Trips Delivery Coverage

Describe all above: _____

19. Loss Payee:

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____

Date: _____

Print Name: _____

Title: _____