

BOAT BUILDERS COMPREHENSIVE COVERAGE APPLICATION

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Inspection Contact: _____ Inspection Phone: _____

Year in business under present ownership: _____

Proposed effective dates of coverage: From _____ To: _____

Loss Payee(s): _____

Additional coverages applied for under separate ACORD application: *(Also include ACORD 125)*

- Property
 General Liability
 D&O/EPLI
 Umbrella/Bumbershoot
 Crime
 Commercial Auto
 Pollution
 Liquor

GENERAL INFORMATION

Location(s) of boat builder: A. _____

B. _____

Construction of building where boat building takes place:

- Frame
 Steel
 Masonry Non-Combustible
 Other Describe: _____

Is building sprinklered? Yes No

- Protection:
 Lights
 Chains
 Fully Fenced
 Watchman Service
 Breakwater
 Certified Central Station Alarm
 Alarm System (Not Certified)
 Other Describe: _____

Describer Hurricane Emergency Plan:

Is there a regular snow removal plan in effect for roofs and access ways? Yes No

If yes, describe: _____

Type of vessel(s) to be constructed (if more than one, list size and type - include boat spec. sheet)

Distance from the coast: _____ Average number of vessels built annually: _____

Maximum value any one vessel: _____

LIMITS OF LIABILITY

Any one vessel: \$ _____ Any one occurrence: \$ _____

Temporary storage location: \$ _____ Wind deductible: \$ _____

Transit by land or water: \$ _____ Deductible (Min. \$1,000): \$ _____

TRANSIT COVERAGE

Is transit by water required? No Yes If yes, for Boat Show Delivery

Other, Describe: _____

Is over-land transit required? No Yes If yes, do you use Your own vehicle Common Carrier

Are customers boats used (taken back into possession) for boat shows? No Yes

If yes, how many annually? _____

REPAIR COVERAGE

Number of vessels typically repaired annually: _____

Total value of vessel under repair (any one time) \$ _____

Gross repair receipts last two years: \$ _____ for 20____, \$ _____ for 20____

LOSS INFORMATION

Describe any claims or losses within the past five years including the amount paid:

What action has been taken to prevent future occurrences?

Present insurance carrier: _____

Have you ever had a policy coverage declines, cancelled or non-renewed? No Yes

If yes, explain: _____

PLEASE ATTACH SITE DIAGRAM

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: _____