

Acadia Marine
here for you.

Vessel Builder's Risk Application

AGENCY INFORMATION

Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer	Name:	Phone #:	Email:	

GENERAL INFORMATION

Insured Name:		Date:	Policy Type:	
Mailing Address	Street:	City:	State:	Zip:
Effective Date	From:	To:		
Individual	Partnership	Corporation	Joint Venture	Other
If Other, please explain:				
Loss Payee	Name:	Amount of Mortgage:		
	Address:	City:	State:	Zip:
Years in Business:		Years Under Current Management:		
Describe Insured's Experience as a Builder:				

LOCATION OF BUILD

Yard Location	Street:	City:	State:	Zip:
Building Construction:		Distance from the water:		
Is Building Permanent or Temporary?		Permanent	Temporary	
Where are the boats built?	Inside	Outside	Under a shed (non-enclosed building)	
Are there UL or FM approved flammable liquid storage lockers used for paints and flammables?		Yes	No	
Are there any woodstoves on the premises?		Yes	No	
Is there a "No Smoking" plan in effect?		Yes	No	
Distance to nearest fire department :		Protection Class:	Distance to nearest fire hydrant:	
Is building sprinklered?		Yes	No	
Are there smoke/heat detectors?		Yes	No	
If yes, do they ring to central station?		Yes	No	
Briefly describe private fire protection:				

VESSEL UNDER CONSTRUCTION

Is "Laying Up" of hull performed, or just "Finishing Off" of hulls, or both?				
Type of vessel(s):				
Construction Period:				

VESSEL UNDER CONSTRUCTION (continued)

Completed value: \$

If applying for an Open policy, please attach a statement of monthly values exposed during the last 12 months.

PROTECTION & INDEMNITY

Is coverage desired for launching & trials?

Yes

No

P&I limit desired: \$

Describe method of launch:

Describe extent of trials (hours of trial operation, number of crew, any customers aboard, etc.):

Any deliveries of completed vessel made by water?

Yes

No

LOSS CONTROL INFORMATION

Check box if no losses in past three years:

Inspection Contact

Name:

Phone:

Email:

Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?

Yes

No

If yes, give details:

Carrier:

Existing deductible:

Renewal offered?

Yes

No

Existing limit:

Existing rate:

Expiration date:

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Producer Name (Please Print): _____

