

# MARINE BUILDERS RISK APPLICATION



Applicant's Name:		Broker's Name:	
Address:		Address:	
Waterfront: <input type="checkbox"/> Yes <input type="checkbox"/> No	City:	Broker's No.:	City:
Province:	Postal Code:	Province:	Postal Code:
Loss Payable:		Policy Term Desired:	
Address:			

INSURANCE DETAILS			
Nature of Business:		Years of experience in this line of business:	
Annual Gross Receipts:		Annual Payroll:	
Type of vessels and materials used:			
Type of work performed/launching facilities/other equipment (cranes):			
Size of vessels constructed:	Duration of construction:	How are vessels launched after completion?	
Number of vessels constructed yearly:	Total value of vessels constructed yearly:	Highest value vessel constructed:	
Max. # of vessels constructed any one time:		Max. amount at risk (any one time): \$	
Do you have any risks in transit:	Are subcontractors employed? <input type="checkbox"/> Yes <input type="checkbox"/> No What operations?	Do subcontractors carry their own insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

LOCATION	
Location(s) of work being performed:	Fence: <input type="checkbox"/> Yes <input type="checkbox"/> No Other security measures:
If work is being performed inside please provide details on the building i.e. construction, sprinklered, alarms, etc.:	

FIRE PROTECTION			
Department:		Hydrants:	Mains:
<input type="checkbox"/> Public <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	How Many?	Distance away: _____	Size: _____ Pressure: _____
Private <input type="checkbox"/> If any, please describe:			

SEA TRIALS		
Where would vessel be tested/demonstrated?	Distance Operated Offshore (km):	Protection & Indemnity Limit Required? \$

LOSSES
Previous losses past five years:

PREVIOUS INSURER	
Company:	Policy #:
Has insurance ever been cancelled or refused renewal?	# Years with Current Insurer:
Does Applicant have other business with Royal & SunAlliance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information:	

*The completion and signing of this application does not bind the applicant or the company to effect insurance on the risk; but it is agreed that this form shall be the basis of the contract should a policy be issued.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_