



# BOAT BUILDERS COMPREHENSIVE COVERAGE APPLICATION

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Inspection Phone: \_\_\_\_\_

Years 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: \_\_\_\_\_

Construction of building where boat building takes place: \_\_\_\_\_

Is the building sprinklered?     Yes     No

Protection:     Lights     Chains     Fully Fenced     Watchman Service     Breakwater     Certified Central Station Alarm

Alarm System (not Certified)     Other    Describe: \_\_\_\_\_

Describe Hurricane Emergency Plan: \_\_\_\_\_

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

Is there a storage facility for paints, solvents, resins and other flammable materials?     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 coast:  Ave. number of vessels built annually:  Max. value any one vessel: \$

**LIMITS OF LIABILITY**

Any one vessel: \$ <input type="text"/>	Any one occurrence: \$ <input type="text"/>
Temporary storage location: \$ <input type="text"/>	Wind deductible: \$ <input type="text"/>
Transit by land or water: \$ <input type="text"/>	Deductible: (Min. \$1,000) \$ <input type="text"/>

**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?  Yes  No 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: \$  20 \$  20

**LOSS INFORMATION**

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

What action has been taken to prevent future occurrences?

Present Insurance Carrier:

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

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 RPS 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: