

# Hull Builder's Risk Application



OCEAN MARINE

## SECTION I — GENERAL INFORMATION

Date of Application: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

	COMPANY	PRODUCER
Company Name		
Address		
Telephone Number		
Email and Website		
Contact for Inspection	Name: _____ _____	Telephone Number: _____ Email: _____

- Describe applicant's business: \_\_\_\_\_  
\_\_\_\_\_
- List all operating names and subsidiaries: \_\_\_\_\_  
If applicant is a subsidiary, advise parent company: \_\_\_\_\_
- Has applicant operated under any other company name(s) in the last five (5) years?      Yes      No  
If "Yes," advise other company name(s): \_\_\_\_\_  
\_\_\_\_\_
- Number of years in business: \_\_\_\_\_
- Is applicant a member of any marine trade associations or another industry association?      Yes      No  
If "Yes," please list all memberships: \_\_\_\_\_
- How many years has the Producer controlled this account? \_\_\_\_\_
- Who is applicant's current insurance carrier? \_\_\_\_\_  
How many consecutive years? \_\_\_\_\_
- Has any policy or coverage ever been canceled or non-renewed?      Yes      No  
If "Yes," explain: \_\_\_\_\_
- Has applicant, any predecessor or any of its principals declared bankruptcy in the past five (5) years?      Yes      No  
If "Yes," explain: \_\_\_\_\_
- Does applicant have any other policies of insurance with any of the CNA group of underwriting companies?      Yes      No  
If "Yes," please provide detail: \_\_\_\_\_

## SECTION II – COVERAGES REQUESTED

Coverage on Single Hull      Open Builder's Risk Policy/Multiple Vessels

## SECTION III – VESSEL DETAILS

If Open Builder's Risk Policy/Multiple Vessels, please provide worksheet listing information requested below for each vessel.

1. Material of Hull: \_\_\_\_\_
2. Dimensions:      Length: \_\_\_\_\_      Base: \_\_\_\_\_      Depth: \_\_\_\_\_
3. Powered by: \_\_\_\_\_
4. Contract number: \_\_\_\_\_      Estimated completion date: \_\_\_\_\_
5. Date of keel laying: \_\_\_\_\_
6. Method of launching: \_\_\_\_\_
7. Name of shipyard: \_\_\_\_\_
8. Name of mortgage holder: \_\_\_\_\_  
Amount of mortgage: \_\_\_\_\_

## SECTION IV – HULL BUILDER'S RISK COVERAGE

1. Period of coverage required: \_\_\_\_\_
2. Limit requested: \_\_\_\_\_
3. Deductible requested: \_\_\_\_\_

## SECTION V – OPERATIONS

	INSIDE	OUTSIDE
How many vessels are expected to be under construction at any one time?		
What are the maximum values expected at any one time?	\$	\$
What is the minimum distance between vessels?		

1. If construction or fittings takes place inside building(s), please describe below:

LOCATION	CONSTRUCTION	YEAR BUILT	SQ FT	SPRINKLERED?

2. Describe any other commercial activities in the yard: \_\_\_\_\_
3. Does applicant/yard employ sub-contractors?      Yes      No      If "Yes," are written contracts used?      Yes      No
4. Do sub-contractors assume full liability for their negligence and agree to indemnify and defend applicant/yard?      Yes      No
5. Does applicant require sub-contractors to provide a certificate of insurance validating proof of liability insurance in a minimum amount of \$1,000,000?      Yes      No

## SECTION VI – SAFETY/RISK CONTROL

1. Does the yard have a written safety program in place?      Yes      No
2. Does the yard hold safety meetings on a regular basis?      Yes      No      If "Yes," how often? \_\_\_\_\_
3. Has the yard's operations had an independent safety audit performed?      Yes      No  
If "Yes," date of audit: \_\_\_\_\_ Conducted by: \_\_\_\_\_
4. Does the yard provide pre-employment screening practices and employment physicals / drug testing?      Yes      No
5. Does the yard have orientation, safety and training programs (including manuals provided) for new hires?      Yes      No
6. Does the yard have written procedures and training for all Hot Work operations?      Yes      No
7. Is a fire watch conducted and maintained at all times during the full length of welding operations?      Yes      No
8. Are Watchmen employed by applicant?      Yes      No      How many? \_\_\_\_\_  
a. Yard Hours Only?      Yes      No      24 Hours Daily?      Yes      No  
b. Facility completely fenced?      Yes      No      Floodlights?      Yes      No
9. Public Fire Department:      Paid      Volunteer      Distance from yard: \_\_\_\_\_ Miles  
a. Public Fire Hydrants: \_\_\_\_\_ Number within 500 feet: \_\_\_\_\_ Closest Hydrant: \_\_\_\_\_ Feet  
b. Protection Class Code: \_\_\_\_\_
10. Describe any additional private fire protection available on-site: \_\_\_\_\_
11. Does the yard have written CAT guidelines in place?      Yes      No      Not Applicable

## SECTION VII – LOSS HISTORY

1. Has applicant had any losses in the last five (5) years?      Yes      No  
If "Yes," please attach hard copy loss runs.

## SECTION VIII — APPLICANT REPRESENTATION (TO BE COMPLETED BY APPLICANT)

### FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAWS OF YOUR STATE

Any person who knowingly and with intent to defraud any insurance company or other 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 may be subject to civil fines and criminal penalties.

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I further understand that any incorrect or incomplete statement could void my protection. I hereby authorize CNA Insurance Companies to release the information on this application and associated underwriting information.

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

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Printed Name: \_\_\_\_\_

**For additional information, contact your independent agent or your local CNA Marine Underwriter.**

