

Continental Underwriters, Ltd.

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MARINE BUILDER'S RISK INSURANCE APPLICATION (Form UW-X)

____ Open Builder's Risk Policy ____ Single Hull Coverage

1. GENERAL INFORMATION

A. Full Name of Applicant: _____

B. Years In Business: _____

C. Prior Business Name (If Any): _____

D. Location of Yard(s): _____
Street City State Zip

E. Office Location/Address: _____
Street City State Zip

F. Mail Address (If Different From Office): _____
Street City State Zip

G. How Long Has Yard Been Under Present Management? ____ Years

(1) Name of Operations Manager: _____ Age: ____

(2) Manager's Experience In This Field:

H. Number of Full-time Employees: ____ Part-time Employees: ____

I. Number of Vessels Built Annually:

Vessel Type	Steel	Wood	Aluminum	Fiberglass	Ferro-Cement	Total
Deck Barges						
Crane Barges						
Tank Barges						
Hopper Barges						
Towboats						
Crewboats						
Supply Boats						
Fishing Vessels						
Other						

J. Maximum *Number* of Vessels Expected To Be Under Construction At Any One Time:

Inside: ____ Outside: ____

K. Maximum *Dollar Value* of Exposure Anticipated At Any One Time:

Inside: \$ _____ Outside: _____

- L. Maximum Exposure For Any One Vessel: \$ _____
- M. Minimum Distance Between Vessels: Inside _____ Outside _____
- N. Maximum Forseeable Loss By Fire: Inside \$ _____ Outside: \$ _____
- O. Number of Conversions Performed Annually: _____

2. COVERAGE FOR ONE SPECIFIC VESSEL

- A. Type of Vessel: _____ New Construction
 Dimensions: _____ Conversion
- B. Hull Materials: _____
- C. Completed Contract Price: _____
- D. Construction Period: Date Start: _____ Date Complete: _____
- E. Construction Site (Same As Yard Location Above): _____
- F. Describe Extent of Trials: _____
- G. Delivery Location: _____
- H. Describe Method of Launch: _____
- I. Trial Trips Are Within _____ Miles of Yard.
- J. Location of Fitting-out: _____
- K. Number of Vessels Fitting-out At One Time: _____
- L. Describe Location of Delivery To Owner If Other Than At Yard: _____
- M. Describe Extent of Trips: Hours of Tried Operation, Number of Crew, Usual Number of Customers Aboard, Etc.:

3. FIRE PROTECTION

- A. Fire Department: _____ Paid or _____ Volunteer _____ Public or _____ Private
- B. Number of Fire Hydrants: _____ C. Distance of Fire Hydrants From Yard: _____ Feet
- D. Size of Fire Mains: _____ Inches

4. SECURITY

- A. Number of Watchmen Employed: _____ B. Number of Watchmen Each Shift: _____
- B. Watchclocks Used? Yes / No

C. Yard Fenced In With Guard At Gate When Yard Is Operating? Yes / No

5. VESSEL CONSTRUCTION

A. Describe Construction of Buildings In Which Vessels Are Built:

B. Describe Extent of Past Flooding:

C. Describe Other Commercial Activities At This Yard:

D. Is Any Vessel Work Subcontracted? Yes / No

If Yes, Describe Subcontracted Work:

If Yes, Are Certificates of Insurance Required? Yes / No

E. Applicant's Gross Receipts From Vessel Construction For The Last 3 Years:

Year: _____ \$ _____ Year: _____ \$ _____ Year: _____ \$ _____

F. Are Vessels Under Construction Financed? Yes / No

If Yes, Name Source of Financing: _____ Line of Credit: \$ _____

G. Is Release Secured Limiting Financing? Yes / No If Yes, Amount: \$ _____

6. PRESENT INSURANCE

A. Name of Company Presently Insuring Applicant: _____

B. Has Any Company Cancelled Or Declined To Write Or Renew This Type of Insurance?

Yes / No If Yes, Explain:

7. AMOUNT OF INSURANCE REQUESTED

A. Per Vessel: \$ _____ B. Pre-Keel Coverage: \$ _____

C. Per Occurrence: \$ _____ D. Deductible: \$ _____

E. 3rd Party Indemnity Coverage Is Available. If Applicant Desires This Coverage, Indicate

Limit of Liability Requested: \$ _____

F. Desired Effective Date Of Coverage: ____ / ____ / ____

G. General Comments Or Special Insurance Conditions You Require:

8. FIRE AND EXTENDED COVERAGE (E.C.) RATES: Provided By Agent If Known

9. HIGHEST CO-INSURANCE FIRE CONTENTS RATE:

Premises	Building #		Building %		Open Area	
	Fire	E.C.	Fire	E.C.	Fire	E.C.
A.						
B.						
C.						

10. LOSS RECORD: 5 Years With Amounts Paid And Outstanding (Include Uninsured Losses):

Date Of Loss	Description	Gross Amount

11. TERRORISM INSURANCE YES ___ NO ___

I/We hereby attest that the information provided above is complete and accurate to the best of my/our knowledge and believe, and it is our understanding, that underwriters shall rely heavily upon the information and representations provided in determining the acceptability and rates and conditions of coverage. I/We further understand that the information above is the basis of insurance, if granted, but providing such information does not obligate me to accept the insurance, nor is The Company obligated to accept the risk. Any misrepresentation or omission may constitute grounds for immediate cancellation and denial of claims, if any. I/We also understand that this application shall be attached to and form part of the policy, should one be issued.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ Tel: (____) _____

Applicant's Email Address (If Any): _____

Applicant's Company Web Site (If Any): www._____