



Hull Builder's Risk Application

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I. GENERAL INFORMATION (to be completed by all applicants)

1. Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____ Number of Years in Business: _____

Description of Operations: _____

All monetary values in this questionnaire are: CAD USD

Contact for Inspection: Name: _____ Telephone Number: _____ Email: _____

2. List all operating names and subsidiaries: _____

If applicant is a subsidiary, advise parent company: _____

3. Has applicant operated under any other company name(s) in the last five (5) years? Yes No

If "Yes," advise other company name(s): _____

4. Is applicant a member of any marine trade associations or another industry association? Yes No

If "Yes," please list all memberships: _____

5. How many years has the Producer controlled this account? _____

6. Who is applicant's current insurance carrier? _____

How many consecutive years? _____

7. Has any policy or coverage ever been canceled or non-renewed? Yes No

If "Yes," explain: _____

8. Has applicant, any predecessor or any of its principals declared bankruptcy in the past five (5) years? Yes No

If "Yes," explain: _____

9. Does applicant have any other policies of insurance with any of the CNA group of underwriting companies? Yes No

If "Yes," please provide detail: _____

II. COVERAGES REQUESTED

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

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: _____
- 9. Completed vessel value: _____

IV. HULL BUILDER'S RISK COVERAGE

- 1. Period of coverage required: _____
- 2. Limit requested: _____
- 3. P&I Limit Requested: _____
- 4. Deductible requested: _____

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

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?
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

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.

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete 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. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application

and associated underwriting information.

APPLICANT

By: _____
Signature and Title* Printed Name of Authorized Representative

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

