

BUILDERS RISKS INSURANCE

APPLICATION

IMPORTANT NOTES :

The questions contained in this Application are designed to give the Insurance Company sufficient information regarding your business to offer to you an insurance quotation. It cannot always cover every aspect and it is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions.

If you have insufficient space to answer any questions, please attach a separate sheet.

If you require assistance in completing this Application, Treacy Insurance Brokers Ltd will be pleased to assist you.

This Application must be signed and dated by an Officer, Partner or Owner of the company applying for the coverage.

Please provide a copy of :

- Your Corporate Brochure;
- Your Standard Contract;
- Any other contracts or agreements which extends your legal liability under your standard contract. **Please Note: A legal liability section of a builders risks policy does not cover any contractual liability which you have assumed beyond your legal liability. The attachment hereto of any such contracts shall not automatically extend the quotation to cover contractual liability, the Insurance Company will have to specifically agree to include such coverage.**

Information contained in this Application will be used to obtain insurance quotations on your behalf. It will be released to Insurance Companies and/or other insurance intermediaries such as insurance agents, insurance brokers or Managing General Agents for the purpose of obtaining on your behalf insurance quotations or to other parties as may be required by law.

Treacy Insurance Brokers Ltd confirms that it will maintain the confidentiality of this information while also complying with its obligations under the B.C. Personal Information Protection Act ("PIPA"). By signing this Application you give Treacy Insurance Brokers Ltd permission to release this Application and the information contained herein to the foregoing mentioned parties at this time and at any time in the future unless we receive specific written notification from you not to do so

1. **NAME OF INSURED :**

2. **LOCATION OF YARD OR BUILDING SITE :**

3. **DETAILED DESCRIPTION OF YARD OR SITE :** *(attach plan and/or yard survey)*

# of drydocks	Capacity	# of railways
# of building docks/piers	Length	# of building sheds

- 4. a. How long has yard been in operation, under present management
- b. Names and experience of key personnel

5. **FIRE PROTECTION :**

Public Fire Dept	Paid or volunteer	
Public Fire Hydrants:	How many	Distance from premises
Public Fire Mains	Size	Pressure

Frequency of fire drill/training of personnel

Describe any additional fire protection at the yard/premises

6. **SECURITY :**

Is the yard/premises fenced	Yes	No
	If No, how are premises protected against unauthorized entry	
Watchman	How many employed How many on each shift How many when yard not in operation	
Watchlocks	Yes	No

Guards Is there a guard on duty at the yards gate? Yes No

24hrs or during which hours

Describe any additional security measures taken to protect the premises, materials, machinery, equipment and vessels under construction and for which you are responsible:

7. FULL DESCRIPTION OF VESSELS TO BE BUILT DURING 2010 AND 2011 including but not limited to :

Length

Beam

Draft

Grt

Nt

Dwt.

Type of vessel (tug, barge etc)

Construction Material (Steel, Aluminum, Wood, Fibreglass, etc)

Single or Double Hull

Description of main propulsion machinery

Description of navigation equipment

Description of auxiliary equipment

8. **WHERE IS HULL PREFABRICATED** (in shed, outside or combination of both):

9. **IS MACHINERY & EQUIPMENT INSTALLED PRIOR TO OR AFTER LAUNCH :**

10. **PLEASE GIVE DETAILED CONSTRUCTION SCHEDULE FOR EACH VESSEL AND VALUES FOR INSURANCE PURPOSES :**

		- Dates -		
Completion	Amount	Arrival at yard	Prefabrication	Installation
Construction Materials	\$			
Main Propulsion Machinery	\$			
Navigation Equipment	\$			
Auxiliary Equipment	\$			
Outfitting materials	\$			
Total:	\$			

11. **WHAT ARE THE MANUFACTURERS WARRANTIES ON THE PROPULSION AND OTHER MACHINERY/EQUIPMENT TO BE INSTALLED AND WHEN DOES THE WARRANTY PERIOD COMMENCE** (e.g. from time purchased, from time delivered to the yard or from the date that it is installed in the vessel) :

12. **DESCRIBE LAUNCH PROCEDURE :**

13. **ANTICIPATED COMMENCEMENT DATE FOR TRIALS FOR EACH VESSEL:**

14. **WHERE WILL TRIALS TAKE PLACE :**

15. **WHAT IS MAXIMUM SPEED OF VESSEL DURING TRIALS :**

16. **WILL OWNERS ACCEPT THE VESSEL AT THE YARD OR ARE YOU**

REQUIRED TO DELIVERY ELSEWHERE :

If elsewhere, please advise the delivery destination:

Distance from yard:

Under own power:

If no, describe how transported:

If yes, whose crew in control of the vessel

Yards

Owners

17. WHAT PROTECTION AND INDEMNITY LIMIT OF LIABILITY IS REQUIRED FOR EACH VESSEL :

1. \$

2. \$

3. \$

4. \$

5. \$

18. LOSS RECORD :

Five (5) year claims record required with details of each claim shown with amounts paid and outstanding.

<u>DATE</u>	<u>DETAILS</u>	<u>AMOUNT</u>	<u>PAID(y/n)</u>
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19. **SIGNATURE :**

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this application and declares that all statements set forth herein are true, complete and accurate.

The undersigned further declares and represents that any event or occurrence taking place prior to the effective date of the policy applied for, which may render inaccurate ,untrue or incomplete any statement made herein **WILL BE IMMEDIATELY REPORTED IN WRITING TO THE INSURER.** The undersigned acknowledges and agrees that the submission and accuracy of the information on this application and the Insurers receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The signing of this application does not bind the undersigned to purchase insurance nor does review by the Insurance Company to issue a policy and the Insurance Company reserves its right to offer limits, deductibles or franchises other than those shown herein. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it shall become part of said policy.

Signature :

Position :

Printed :

Date :

20. **INSURANCE BROKER :**

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