

Boat Builders Application

Please complete and submit to North American Marine Underwriters

APPLICANT INFORMATION Business Name: Address: (STREET) (CITY) (STATE) Inspection Contact Person/Title: _____ Phone: ____ Insured is: □ Corporation □ Individual □ Partnership □ Other ____ Years in Business under present ownership: _____ Type(s) of vessel built: _____ Business Location(s): Construction of Building(s) where boats are being built: Protection: ☐ Flood Lights ☐ Fully Fenced ☐ Watchman Service ☐ Guard Dogs □ Breakwater ☐ Certified Central Station Alarm ☐ Alarm System (not certified) □ Other ____ Policy: Policy Period: _____to: ____ □ New ☐ Renewal **COVERAGES APPLIED FOR** ☐ General Liability * ☐ Marina Operator's Legal Liability ☐ Protection & Indemnity ☐ Tools & Equipment ☐ Workboats ☐ Boat Builders Risk ☐ Bumbershoot/Umbrella * If General Liability, Auto, Property and Bumbershoot coverages are desired, please submit acord applications. LOSS INFORMATION Describe any losses within the past five years, including the amount paid: What action has been taken to prevent future occurrences? **Current Insurance Carrier(s):** GL/Occurrence/Products/Completed Ops: ______ Builders Risk: _____ Number of years written with current carrier: Any policy coverage declined, canceled or non-renewed? ☐ Yes or ☐ No If Yes, Please Explain _____

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POLICY LIM	ITS AND DEDU	CTIBLES F	REQUESTED				
Boat Builders	s Risk: \$			Deductible: □ \$10	00 🗆 \$2500 🗆 \$9	5000 🗆 \$10,000	
Protection ar	nd Indemnity Lin	nit: □ \$5	500,000 □ \$1,000,	,000			
Bumbershoo	t/Umbrella Limit	select 🗆	\$1,000,000 🗆 \$2,0	000,000			
Bumbershoo	t Required Unde	rlying Lim	its:				
General Liabil	lity: \$1,000,000/2	000,000	MOLL: \$1,000,00	Commercial Auto: \$1,00	00,000		
Protection & I	ndemnity: \$1,000	,000	Employers Liabil	ity: \$500/500/500,000			
BOAT BUILD	ERS AND GENE	RAL LIAE	BILITY COVERAGE	S			
Boat Building Receipts (last year) \$				Estimate this year \$			
Number of vessels built last year:				Estimated to be built this year:			
				,			
		•	\$				
Boat Repair Gross Receipts (last year) \$				Estimate this year \$			
Other work performed at the boatyard: □Yes or □No				Type of work performed:			
Gross Receipts (last year): \$			Estimate this year \$				
DOAT DIIII D	AEDO DIOV I IMI	TC. LIMIT	C OF LIABILITY				
		_	S OF LIABILITY		•		
Any one Vessel: \$				Temporary Storage Location: \$			
Transit by Land or Water: \$ Any one Casualty or Disaster: \$				Boat Show Limit: \$ (minimum \$1,000.)			
Any one Cas	ualty or Disaster	: Φ		Deductible: \$	(minimui	m \$1,000.)	
TRANSIT CO)VFRAGE						
		JVoc or □	No. If so places	describe:			
			•	describe:			
				or boat shows? Yes or No			
	•			mers?			
Trow many a	auny ama amy		non para to are on				
WORKBOAT	S						
Description of	of boats to be ins	sured:					
Age	Length	Man	ufacturer	Serial Number	H.P.	Value	
Describe usage of vessels:							
Hull Deductil	ole: \$		(minimum \$500)	Lay-Up: From	To		
APPLICATION	FOR INSURANCE	CONTAINI	NG ANY FALSE INFO	FRAUD ANY INSURANCE COMPAI DRMATION, OR CONCEALS FOR TH , COMMITS A FRAUDULENT INSUR	IE PURPOSE OF M	IISLEADING, ANY	
COMPANY OF OR CONCEAL	R OTHER PERSOI	N FILES AN POSE OF M	APPLICATION FOR ISLEADING INFORM	HO, KNOWINGLY AND WITH INTEN INSURANCE, CONTAINING ANY N MATION CONCERNING ANY FACT	MATERIALLY FALSI	E INFORMATION,	
APPLICANTS S	SIGNATURE			DATE			
AGENT				PRODUCER CO	DE		

PLEASE ATTACH SITE DIAGRAM

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