

MARINE BUILDERS RISKS PROGRAM SUMMARY

TYPE	Marine Builders Risks
ELIGIBILITY	All types of recreational or commercial vessels
COVERAGE	Builders Risk Clauses Can include P&I for trials, demonstration and delivery if required
LIMITS	\$5,000,000 and up
MINIMUM PREMIUM	\$25,000
DEDUCTIBLES	\$5,000 and up
SECURITY	Domestic Companies and / or Lloyd's
SUBMISSIONS	Attached Builders Risk Application



LIG Marine Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
(727) 578-2800

SUBMIT@LIGMarine.com
www.LIGMarine.com

MARINE BUILDERS RISKS SUBMISSION WORKSHEET

Name of Insured		Class of Business	
Anticipated eff date		Quote needed by	
Name of Agent		Name of Agency	
Agent's telephone number		Agent's facsimile number	
Are you Retailing <input type="checkbox"/> or Wholesaling <input type="checkbox"/> this risk		Do you currently write this risk? YES <input type="checkbox"/> NO <input type="checkbox"/>	

CURRENT COVERAGE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate
Are current companies offering renewal?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES what are terms offered, if NO why?					

TO WHAT OTHER MARKETS HAS THIS RISK BEEN SUBMITTED WHAT OTHER QUOTES DO YOU/THE INSURED HAVE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate

WHAT TERMS DO YOU NEED TO SECURE THE ORDER

Section/Coverage	Limit	Deductible	Premium	Rate



LIG Marine Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
(727) 578-2800

SUBMIT@LIGMarine.com
www.LIGMarine.com

MARINE BUILDERS RISKS APPLICATION

1. Name and address of insured:					
2. Location of Yard(s):					
3. Please provide full Yard details (facilities and equipment):					
4. Full details of loss prevention including fire fighting and security at Yard:					
5. Please provide full details of anticipated new builds and any vessels currently under construction (type, size, value of vessel(s), length of build period for vessel(s) being built and build up of F.C.V.):					
6. Please confirm the average / maximum number and value of vessels in the Yard at any one time, PMLs if more than one vessel and details of distances between each vessel:	<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Average #</td> <td style="width: 55%; border: none;">Maximum #</td> </tr> <tr> <td style="border: none;">Average \$</td> <td style="border: none;">Maximum \$</td> </tr> </table>	Average #	Maximum #	Average \$	Maximum \$
Average #	Maximum #				
Average \$	Maximum \$				
7. Please provide full details of the Insured's new building activity over the past five years:					
8. Do they build prototypes:	Yes <input type="checkbox"/> No <input type="checkbox"/>				
9. Are recognized class societies involved i.e. IACs/USCG whilst under construction?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
10. How are the vessels launched?					



LIG Marine Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
(727) 578-2800

SUBMIT@LIGMarine.com
www.LIGMarine.com

11. What exposures does the Insured have to natural perils i.e. windstorm/flood/quake and what prevention methods are taken:	
12. Are vessels constructed under cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Please confirm the Insured's estimated annual revenues, number of employees and estimated annual payroll:	Estimated Annual Revenues \$ Number of Employees \$ Estimated Annual Payroll \$
14. Please provide full details of contracts whereby the Insured would agree to indemnify or hold harmless or release another party:	
15. Please provide full details of subcontractors work, confirm that certificates of insurance are obtained from subcontractors and minimum insurance limits required:	
16. Please provide a corporate brochure or website details, if available, if not please provide a brief narrative on the Company's background/history and the past experience of the Principals involved:	Attached <input type="checkbox"/> If not attached, details as follows:
17. Please confirm the limit of liability and deductible levels required:	Limit \$ Deductible \$
18. Please provide full details of the Insured's five year Builders Risk claims record and attach a full narrative on any claim(s):	
19. Current Insurer and anticipated attachment date:	

I/we hereby declare that the above information and particulars are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

Signature:

Title:

Print Name:

Date:



LIG Marine Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
(727) 578-2800

SUBMIT@LIGMarine.com
www.LIGMarine.com