# BUILDER'S RISKS INSURANCE ON COMMERCIAL AND PRIVATE PLEASURE VESSELS APPLICATION

**IMPORTANT NOTE:** The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

## SECTION 1 - INFORMATION ON THE APPLICANT

**1.** Applicant's name:
_____

**2.** Applicant's address:
_____

**3.** Nature of business:
_____

**4.** Years of experience in line of business _____

**5.** Policy term: _____

**6.** Loss payable:
_____

**7.** Annual gross receipts: $ _____

**8.** Annual payroll: $ _____

## SECTION 2 - CONSTRUCTION

**1.** Type of vessels and materials used:
_____

**2.** Type of work performed:
_____

**3.** Size of vessels constructed: _____

**4.** Duration of construction: _____

**5.** How are vessels launched after completion? _____

**6.** Number of vessels constructed per annum: _____

**7.** Total values of vessels constructed per annum: _____

**8.** Highest valued vessel constructed: _____

**9.** Location(s) of work being performed:
_____

**10.** Fence ☐ Yes ☐ No

**11.** Other security measures

_____

## SECTION 3 - FIRE PROTECTION

**1.** Department: _____

**2.** Hydrants: _____

**3.** Mains: _____

**4.** Public: ☐ Paid ☐ Volunteer

**5.** How many? _____

**6.** Distance away: _____
Size: _____
Pressure: _____

**7.** Private ☐ Yes ☐ No
If Yes, please describe

_____

## SECTION 4 - LOSSES

**1.** Previous losses for past five years

_____
_____
_____
_____
_____

## SECTION 5 - INSURANCE DETAILS

**1.** Limit of liability required: $_____

**2.** Are subcontractors employed? ☐ Yes ☐ No

**3.** Do subcontractors carry their own insurance? ☐ Yes ☐ No

**4.** Has insurance ever been cancelled or refused renewal? ☐ Yes ☐ No

**5.** If work is being performed inside, please provide details on the building (i.e. construction, sprinklers, etc.)

_____

**6.** Is protection and indemnity required? ☐ Yes ☐ No
If Yes, what limit? $_____

**7.** Current terms and conditions:

_____

**8.** Current premium: $_____

## DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

**IMPORTANT:** The completion and signing of this application does not bind the application or the company to effect insurance on the risk; but it is agreed that this form shall be the basis of the contract, should a policy be issued.

Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.