

BOAT MANUFACTURERS SUPPLEMENT

GENERAL INFORMATION

1. Named Insured:	
2. Details of fire and burglary protections:	
3. Company/Principals Background:	

SECTION 1 - BUILDERS RISK COVERAGE

4. Type of Work Undertaken:	<input type="checkbox"/> New Construction <input type="checkbox"/> Conversion <input type="checkbox"/> Repairs
5. Details of last 5 years new build activity:	
6. Do you do sea trials and/or demos? <i>(If yes, please provide where, how often, how long, etc)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Type of Vessels:	<input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood
8. Details of anticipated new builds and any vessels currently under construction: <i>(Include type, size and value of vessel(s))</i>	
9. Designs: <i>(as per U.S.C.G. and/or A.B.S. and/or Other)</i>	
10. Details of hold harmless or release another party contracts:	
11. Limit Required Any One Vessel:	\$
12. Limit Required Any One Time/Location:	\$
13. Maximum Number of Vessels Any One Time: <i>(Please provide total value)</i>	Max: Total Value:\$
14. Average Length of Time to Construct/Repair a Vessel:	
15. Deductible Amount:	\$

SECTION 2 - MARINE PROPERTY

16. Please provide the limits and ages for each category of marine property as listed below.				
	Stock	Piers/Wharves	Drydocks	Equipment
Limits:	\$	\$	\$	\$
Ages:	<i>Not applicable</i>			
17. Please describe the stock & equipment: <i>(Attach schedule if needed)</i>				
18. Deductible Required:	\$			
19. Description of Area Risk is Located in:				



LIG Marine Managers

490 1st Ave S, Suite 150, St. Petersburg, FL 33701

(727) 578-2800

SUBMIT@LIGMarine.com

www.LIGMarine.com

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SECTION 3 - GENERAL & PRODUCTS LIABILITY

20. Describe Hold Harmless Agreement, if any:	
21. Products Receipts (attach any brochures to this application):	\$
22. Any boats, docks, or floats owned/hired/leased? <i>(Please provide details)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are All Boats/Products Sold to the Public Labeled with Your Name? <i>(If no, please explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are You Named as a Vendor on any Suppliers Insurance? <i>(If yes, please provide the name of the supplier and product they supply to you)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 - HULL & MACHINERY AND PROTECTION & INDEMNITY

If you own/operate any watercraft, please attach a schedule for each including:

25. <i>Name, age, type of vessel(s), full dimensions, make of engines, horsepower, use of vessel, value to be insured, and date of last survey.</i>	
26. Do you require coverage for your Crew? <i>(If yes, provide number and details of their duties)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I/we hereby declare that the above information and 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.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature: _____

Title: _____

Print Name: _____

Date: _____



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