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## Application for Ship Repairer Legal Liability insurance

### Section 1 – Assured Information

Applicant's Name	Broker's Name
Applicant's Address	Broker's Address
Street	Street
City	City
Postal Code	Postal Code
Phone	Phone
Fax	Fax
Email	Email
Location of Yard	
If the Insured does not have a yard, where is the work performed?	
Does the Insured transport third party equipment to and from his own premises?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the maximum distance of transport and the type of transportation used.	
Does the Insured use any special equipment to remove third parties' property from the vessel?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe the equipment.	

### Section 2 – Vessel Types and Work Performed

Types of Vessels							
Steel	%	Wood	%	Fibreglass	%	Oil Rigs	%



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Types of Work

Boiler	%	Engine	%	Hull	%	Electrical	%
Painting	%	Burning	%	Welding	%	Installation of Equipment	%

Please describe the work in greater detail

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Does the Insured perform gas-freeing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the number of vessels gas freed in 12 months _____	Does the Insured have a Fire Watch? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Section 3 – Facilities

Number of Facilities

Facilities	Capacity
Dry docks	_____
Railways	_____
Repair Piers	_____

### Section 4 – Vessels Worked On

For the last 12 months, please indicate the number of vessels that have been:

Dry Docked	#	Hauled Out	#	Repaired in Yard	#	Repaired Outside	#
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What is the percentage of work done in the Insured's yard  
 \_\_\_\_\_%

Value of Vessels

Average	\$	_____
Maximum	\$	_____

Maximum value of vessels being worked on at any one time? \$ \_\_\_\_\_

Is coverage required on stored vessels?  
 Yes       No

If yes, what is the number of vessels in storage during: Summer \_\_\_\_\_ Winter \_\_\_\_\_

Value of stored vessels \$ \_\_\_\_\_



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### Section 3 – Fire and Security

Public Fire Protection

Department

Paid                       Volunteer

Hydrants

How many? \_\_\_\_\_ Distance away? \_\_\_\_\_

Mains

Size \_\_\_\_\_ Pressure \_\_\_\_\_

Watchmen

Employed	#	On each shift	#	When not in operation	#	Watch clocks	#

Is the yard fenced, with guard at gate when operating?

Yes                       No

If no, where is the work done?

\_\_\_\_\_

Please describe other protection.

\_\_\_\_\_

### Section 4 – Published Rates at Yard

a) Overall blanket fire rate (state percentage of co-insurance for rate given and credit allowed for 90% or 100%)

b) If you don't have a blanket fire rate, please attach a schedule of fire rates

### Section 5 – Operational Information

How long has Insured been in business?

\_\_\_\_\_

How long has yard been in operation under present management?

\_\_\_\_\_

Names and past experience of key personnel

Names	Experience



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### Section 6 – Loss Record

Give individual record if losses with amounts paid outstanding in last 10 years

Losses	Amount Paid	Amount O/S

### Section 7 – Gross Receipts

Estimated Gross Receipts

Current Year      \$                      Last Year              \$                      Preceding Year      \$

Does the Insured have annual contracts?

Yes                       No

If yes, please describe.

### Section 8 – Miscellaneous

Are customers required to sign a "hold harmless" agreement?

Yes                       No

If yes, please attach a copy.

State Limit of Liability Required \$ \_\_\_\_\_

Does the insured perform repairs away from repair yard or on vessel while at sea?

Yes                       No

Are subcontractors employed?

Yes                       No

If yes, are they required to carry their own Ship Repairer's Legal Liability Insurance?

Yes                       No

Does the insured own or operate any watercraft in connection with the ship repairing activities?

Yes                       No

If yes, you should consider applying for Hull & Machinery and Protection & Indemnity Insurance.

This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that to the best of his knowledge the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

Applicant's Signature

Date