



SHIP REPAIRER'S LEGAL LIABILITY APPLICATION

PRODUCER INFORMATION

- Name of agency: _____
- Producer and telephone number: _____
- Is the account new to the producer? YES NO If "No," how many years has this account been handled? _____

GENERAL INFORMATION

- Name of insured: _____
- Contact person for inspection and telephone number: _____
- Mailing address: _____
- Year business started: _____
- Website: _____
- Other named insureds: _____
- Has insurance ever been cancelled or non-renewed on this insured? YES NO If "Yes," why? _____

- Policy period From: _____ To: _____ Limit required: _____ Deductible required: _____

ACCOUNT DETAILS

- Location of yard (exact address) _____

Types of Vessels Worked Upon		Type of Work		Payroll Last 3 Years	Receipts Last 3 Years
Steel	%	Engine	%	(Yr 20 ____)	(Yr 20 ____)
Fiberglass	%	Boiler	%		
Wood	%	Electrical	%	(Yr 20 ____)	(Yr 20 ____)
Aluminum	%	Hull	%	(Yr 20 ____)	(Yr 20 ____)
Ferro Cement	%	Painting	%	Estimate for upcoming year	Estimate for upcoming year
		Burning	%		
Number of Vessels in Storage Summer: ____ Winter: ____		Welding	%	Percentage of Payroll supplied by: Labor Pools _____%	
		Conversion	%	Union Longshoremen _____% Subcontractor's _____%	

- Number of drydocks: _____ Number of railways: _____ Number of repair piers: _____
- Any work done indoors/under-roof? YES NO If "Yes," is building: Sprinklered 24-hour central station alarmed
- If any work is done indoors/under-roof, please advise the Average and Maximum Values at Risk, per building, at any one time:

- Number of vessels drydocked in last year: _____ Number of vessels hauled out in last year: _____
- Number of vessels repaired in yard last year: _____ Number of vessels repaired outside of yard last year: _____
- AVERAGE VALUE OF VESSEL: _____ MAXIMUM VALUE OF VESSEL: _____
- Do you perform gas freeing operations? YES NO If "Yes," number of vessels gas freed in one year: _____

9. Does the insured employ one of the following as required? Full-time gas free chemist Outside contracted chemist
10. If an outside chemist is subcontracted, does the insured currently require proof of liability insurance (insurance certificate) from the chemist or his employer in a minimum amount of \$1,000,000? YES NO
11. Have the insured's operations been subject to an Independent Safety Audit? YES NO If "Yes," by whom? _____
12. Describe private fire protection: _____
13. Public fire department: Paid Volunteer
14. Public fire hydrants: How many? _____ How far distant? _____
15. Public fire mains: Size: _____ Pressure: _____
16. How many watchmen employed? _____ How many each shift? _____ Watch clocks? YES NO
17. Is yard fenced in, with guard at gate, when yard is operating? YES NO
18. Does insured operate under written contracts which include "Hold Harmless" agreements or any provisions which insured assumes liabilities? YES NO If "Yes," please furnish copies.
19. Is a release secured limiting the insured's liability? YES NO If "Yes," amount: _____
20. Attach Loss Experience for the past 5 years (Should include: Date of Loss, Description of Loss, Amounts Paid & Outstanding, and Applicable Deductible).
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It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

The foregoing statements made and signed by the applicant and/or his duly authorized agent are warranted by him to be a correct and true basis on which insurance may be granted, but in no way bind the applicant to accept the quotation or the insurers to accept the risk.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____