

# Continental Underwriters, Ltd.

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## **SHIP REPAIRER'S LEGAL LIABILITY INSURANCE APPLICATION (Form UW-X)** **(Including Marine Comprehensive Liability)**

### 1. GENERAL INFORMATION

- A. Full Name of Applicant: \_\_\_\_\_
- B. Date Started Business: \_\_\_\_/\_\_\_\_/\_\_\_\_
- C. Prior Business Name (If Any): \_\_\_\_\_
- D. Yard Location: \_\_\_\_\_  
Street City State Zip
- E. Date Moved To This Location: \_\_\_\_/\_\_\_\_/\_\_\_\_
- F. Office Location/Address: \_\_\_\_\_  
Street City State Zip
- G. Mail Address (If Different From Office): \_\_\_\_\_  
Street City State Zip
- H. Does the assured have a hurricane preparedness plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

### 2. REPAIR OPERATIONS

Detailed Description Of Repairs Performed:

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### 3. **APPLICANT'S OWNED/OPERATED YARD VESSELS, DRYDOCKS, MARINE RAILWAYS OR GRAVING DOCKS:**

\_\_\_\_\_ None, Or List Below:

Vessel Type	Size/Capacity/Draft	Number (Qty)

**4. REPAIRED (CUSTOMER) VESSELS:**

Vessel Type	Size/Capacity/Draft	Number (Qty)

- A. Number of Vessels In Yard At Any One Time: Average \_\_\_\_\_ Maximum \_\_\_\_\_
- B. Number of Vessels Repaired: Last 12 Months \_\_\_\_\_ Next 12 Months \_\_\_\_\_
- C. Does Applicant Conduct "Gas-Freeing" Operations? Yes / No If Yes, Does A Marine Chemist Issue A "Gas Free Certificate" Prior to "Hot Work?" Yes / No

**5. SUBCONTACTING**

- A. Amount of Repair Work Subcontracted: \_\_\_\_\_%
- B. Is Subcontracted Work Accompanied By A Hold-Harmless/Waiver of Subrogation?  
Yes / No
- C. Are Certificates of Insurance Required? Yes / No Limits: \$ \_\_\_\_\_
- D. Approximate Amount of Repair Work Conducted Outside of Applicant's Yard: \_\_\_\_\_%

**6. OTHER OPERATIONS**

- A. Does Applicant Build, Rebuild Or Convert Vessels? Yes / No

If Yes, Provide Details and Revenues:

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- B. Does Applicant Enter Into Contractual Agreements Other Than Those Customary In The Industry? Yes / No If Yes, Provide Details And Copies Of Contracts:

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**7. FINANCIAL INFORMATION**

C. Gross Revenues Last 12 Months:

Commercial \$ \_\_\_\_\_ Naval \$ \_\_\_\_\_

D. Estimated Gross Revenues Next 12 Months:

Commercial \$ \_\_\_\_\_ Naval \$ \_\_\_\_\_

**8. CURRENT INSURANCE**

A. Present Insurance Carrier: \_\_\_\_\_

B. Current Premiums (i.e., Deposit And Adjustment Rate):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. REQUIREMENTS**

A. Limit Of Liability: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

B. Proposed Date Of Attachment (Effective Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

**10. LOSS EXPERIENCE - PAST FIVE (5) YEARS**

A. Provide 5-Year SROLL And Marine Comprehensive Liability Loss Record (Gross Claims Prior to Deductible). Include Any Deductible In The Dollar Amount of Loss And Include All Losses Not Covered By Insurance:

Date Of Loss	Description	Gross Amount

B. Has Any Policy Or Coverage Been Declined, Cancelled or Non-Renewed During The Past 5 Years?

Yes / No If Yes, Provide Details:

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\_\_\_\_\_  
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**11. FIRE AND SECURITY**

A. Describe Repair Yard Fire Protection:

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B. Describe Repair Yard Security:

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**11. TERRORISM INSURANCE YES \_\_\_ NO\_\_\_**

I/We hereby attest that the information provided above is complete and accurate to the best of my/our knowledge and believe, and it is our understanding, that underwriters shall rely heavily upon the information and representations provided in determining the acceptability and rates and conditions of coverage. I/We further understand that the information above is the basis of insurance, if granted, but providing such information does not obligate me to accept the insurance, nor is The Company obligated to accept the risk. Any misrepresentation or omission may constitute grounds for immediate cancellation and denial of claims, if any. I/We also understand that this application shall be attached to and form part of the policy, should one be issued.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Applicant's Email Address (If Any): \_\_\_\_\_

Applicant's Company Web Site (If Any): www.\_\_\_\_\_