

## SHIP REPAIRER'S LEGAL LIABILITY POLICY APPLICATION

DATE \_\_\_\_\_

<b>A. GENERAL INFORMATION</b>
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**A. Account Name** \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Insurance Agent or Broker:** \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**C. Description of Business:** \_\_\_\_\_

Number of years in business under current management: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Please attach experience of principles and senior operating personnel:

**Type of work performed:**

Type of vessels worked upon:	Type of work:
Aluminum _____ %	Boiler _____ %
Fiberglass _____ %	Electrical _____ %
Steel _____ %	Engine _____ %
Wood _____ %	Hull _____ %
Other _____ %	Painting _____ %
	Welding _____ %
	Burning _____ %
	Conversion _____ %
	Other (Describe) _____ %

<b>Vessel Use</b>  Private Pleasure _____ % Inland / Coastal Comm. Barge _____ % Inland / Coastal Comm. Towing _____ % Inland / Coastal Comm. Passenger _____ % Offshore Comm. Barge _____ % Offshore Comm. Towing _____ % Offshore Comm. Passenger _____ % Government _____ %	<b>Subcontracted Work:</b>  Describe _____ Does subcontractor used have liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No What limits do you require them to carry? \$ _____
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### Operations:

Number of Drydocks: _____	Number of Vessels Repaired in Yard Last Year: _____
Number of Vessels Drydocked Last Year: _____	Number of Vessels Repaired Outside of Yard Last Year: _____
Number of Railways: _____	Number of Vessels Hauled Out Last Year: _____
Number of Repair Piers: _____	Number of Vessels in Storage: Summer _____ Winter _____
Average Vessel Value: \$ _____	Maximum Vessel Value: \$ _____
Gas Freeing Operations:	
Do you perform Gas Freeing Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many vessels gas freed per year? _____	
Do you employ any of the following?	
<input type="checkbox"/> Full-time Gas Free Chemist	Limit of Liability Insurance Subcontractor carries \$ _____
<input type="checkbox"/> Outside Subcontracted Chemist	
Are they certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If own employees, please attach a list of names, professional qualifications and experience.	
If Sub-Contractors, does applicant have any Contractual Liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are any vessels repaired under cover of repair shed or other shelter?

Yes  No

Does applicant employ, or subcontract in, divers to do work underwater?

Yes  No If Yes, please explain \_\_\_\_\_

Does applicant's operations involve lifting and/or moving vessels using cranes, hoists, etc.?  Yes  No

If Yes, please explain \_\_\_\_\_

How many times a year? \_\_\_\_\_

Lifting capacity of Each Crane: \_\_\_\_\_

Does applicant do any work on vessels that is not repair, reconstruction or conversion work?

Yes  No If Yes, please explain. \_\_\_\_\_

Off Premises Work Done:  Yes  No

Radius of Work done from your yard? \_\_\_\_\_ miles

**Please attach a description of your last 5 jobs.**

Building / Contents Information:

Does the applicant's buildings have sprinklers?  Yes  No

If Yes, are the sprinklers tested annually?  Yes  No

Fire Department Distance? \_\_\_\_\_ Hydrant distance? \_\_\_\_\_

Security: \_\_\_\_\_

Burglar Alarm?  Yes  No

Central Station?  Yes  No

**Watchman on Premise?**  Yes  No

Fenced?  Yes  No

Floodlights?  Yes  No

Does Applicant have a Formal Safety Program in Effect?  Yes  No

If Yes, please attach a description of the program.

Breakdown of Gross Receipts:

Year	Repairs Done at the Yards	Repairs Done Outside the Yards	Sub-Contracted	Total Gross Receipts

Please attach a description of your Non-Marine Work and give percentage of total revenues.

**B. Insurance Coverage Information**

A. Proposed Effective Date: \_\_\_\_\_

**Ship Repairers Limits**

\$ \_\_\_\_\_ General Aggregate  
\$ \_\_\_\_\_ Products – Completed Operations Aggregate  
\$ \_\_\_\_\_ Personal and Advertising Injury  
\$ \_\_\_\_\_ Each Occurrence  
\$ \_\_\_\_\_ Fire Damage Legal Liability  
\$ \_\_\_\_\_ Medical Expense  
\$ \_\_\_\_\_ Marina Operations P&I

DEDUCTIBLE: \$ \_\_\_\_\_

Is there other insurance written by or submitted to Continental Underwriters?

 Yes  No If Yes, please provide details \_\_\_\_\_

Please attach any up to date Surveys, Diagrams, or Maps, Sub-Contracts and any other Contracts which extends Assured's contractual liabilities.

**C. Account History**

Current Insurance Policy with \_\_\_\_\_

Details of current insurance policy (form, limit, deductible, rate) \_\_\_\_\_

Has current insurance company requested replacement of coverage or sent notice of cancelation?  Yes  No

Premium &amp; Loss information for last 5 year period: (attach full loss experience details - list all claims insured or not during past 5 years on all operations)

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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

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Signature of Broker