

### Shiprepairer's Legal Liability Application

1. Applicant's name and mailing address:			
2. Number of years in this business:			
3. Prior related work experience:			
4. Related certification:			
5. Name, experience and certification of key personnel			
6. Location of repair yard:			
7. a. <b>Security at yard:</b>			
Completely fenced <input type="checkbox"/>	24 Hour Watchman <input type="checkbox"/>	Night Watchman <input type="checkbox"/>	
Floodlights <input type="checkbox"/>	Guard dog <input type="checkbox"/>	Other <i>(describe)</i> <input type="checkbox"/>	
b. <b>Fire Protection at yard:</b>			
Volunteer Fire hall <input type="checkbox"/>	or Paid <input type="checkbox"/>	Distance from nearest hall:	Distance from nearest hydrant:
Smoke detectors <input type="checkbox"/>	Fire alarms <input type="checkbox"/>	Other <i>(describe)</i> <input type="checkbox"/>	
8. For each building owned and/or operated out of enclose a completed supplementary building application.			
9. For mobile repairs describe areas traveled to and worked in:			
10. <b>Waterfront Facility:</b>			
<i>Number of:</i>	<i>Certified Capacity:</i>	<i>Age of:</i>	<i>Date last certified:</i>
Drydocks:	Drydocks:	Drydocks:	Drydocks:
Railways	Railways	Railways	Railways
Travel lifts:	Travel lifts:	Travel lifts:	Travel lifts:
Cradles:	Cradles:	Cradles:	Cradles:
Repair piers:	Repair piers:	Repair piers:	Repair piers:
<i>(attach copies of certificates)</i>			
11. <b>Type of repairs:</b>			
Boiler	%	Engine	%
Burning	%	Fiberglassing	%
		Hull	%
		Other	%
		Painting	%
		Welding	%
<i>(describe other):</i>			
12. a. <b>Vessels repaired:</b>			
Cruisers / yachts	%	Small craft	%
Barges	%	Ferries	%
		Fishboats	%
		Other <i>(describe)</i>	%
		Tugs	%
b. <b>Types of construction:</b>			
Steel	%	Wood	%
Other	%	Aluminum	%
		Fiberglass	%
<i>(describe other):</i>			
13. a. Describe any dangerous materials used:			
b. How are these materials stored:			
c. Are work areas vented to the outside:			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

14. a. Are trailering services offered with repairs (ie pick ups, deliveries)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes, describe maximum distance trailered:		
15. a. Are vessels stored as part of the repair operations:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If stored in a building attach supplementary building application.		
16. What is the average duration of the storage:		
17. a. Maximum number of vessels at yard any one time:		
b. Maximum value of vessels at yard any one time:		
18. a. Any sub-contractors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do they have their own insurance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Are work orders used:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Do customers sign work orders:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Describe in full details other business located in the same yard, compound or facility as your business:		
20. a. Any NON-MARINE repairs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes, describe in full detail:		
21. Losses, claims and/or incidents in the past 5 years:		
22. Gross receipts past year:	Estimated for current year:	
23. a. Prior Insurer:	b. Policy No.:	c. Expiry date:
b. Ever been cancelled by an Insurer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. If yes advise why:		

Agent's Name and Address: \_\_\_\_\_

Agent / broker's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

By signing this application the applicant declares that all information contained herein is accurate and true to his/her knowledge and understands that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. By signing this application the applicant also grants permission for the Insurer, Broker, or their representatives to verify that the above information contained in this application is true.