

Ship Repairer's Legal Liability Application

Applicant's Name: _____

Mailing Address: _____

Number of years in this business: _____

Prior related work experience: _____

Related certification: _____

Name, experience and certification of key personnel: _____

Location of repair yard: _____

Security at yard:

Completely fenced
Floodlights

24 Hour Watchman
Guard dog

Night Watchman
Other (describe)

Fire Protection at yard:

Volunteer Fire hall or Paid Distance from nearest hall: _____ kms Distance from nearest hydrant: _____
Smoke detectors Fire alarms Other (describe)

*For each building owned and/or operated out of enclosure a completed supplementary building application.

For mobile repairs describe areas traveled to and worked in: _____

Waterfront Facility:

Number of:	Certified Capacity:	Age of:	Date last certified:
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: _____

(attach copies of certificates)

Type of repairs:

Boiler : _____ % Engine: _____ % Hull: _____ % Painting: _____ % Welding: _____ %
 Burning: _____ % Fiberglassing: _____ % Other: _____ %
(describe other): _____

Vessels repaired:

Cruisers / yachts: _____ % Small craft : _____ % Fishboats: _____ % Tugs: _____ %
 Barges: _____ % Ferries: _____ % Other (describe): _____ %

Types of construction:

Steel: _____ % Wood: _____ % Aluminum: _____ % Fiberglass: _____ %
 Other _____ %



Describe any dangerous materials used: _____

How are these materials stored: _____

Are work areas vented to the outside: Yes No

Are trailering services offered with repairs (ie pick ups, deliveries) Yes No

If yes, describe maximum distance trailered: _____

Are vessels stored as part of the repair operations: Yes No

*If stored in a building, attach supplementary building application.

What is the average duration of the storage: _____

Maximum number of vessels at yard any one time: _____

Maximum value of vessels at yard any one time: \$ _____

Any sub-contractors Yes No

Do they have their own insurance: Yes No

Are work orders used: Yes No

Do customers sign work orders: Yes No

Describe in full details other business located in the same yard, compound or facility as your business: _____

Any NON-MARINE repairs: Yes No

If yes, describe in full detail: _____

Losses, claims and/or incidents in the past 5 years: _____

Gross receipts past year: \$ _____ Estimated for current year: \$ _____

Previous Insurer: _____

Policy No.: _____ Expiry date: _____

Ever been cancelled by an Insurer: Yes No

If yes, advise why: _____

Date: _____

Broker Name & Address: _____

Agent'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.