

SHIP REPAIRERS LEGAL LIABILITY APPLICATION

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY. IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE ANSWER "NOT APPLICABLE" OR "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO COMPLETELY ANSWER A QUESTION, PLEASE ATTACH A SEPARATE SHEET OF PAPER AND IDENTIFY THE QUESTION IT RESPONDS TO. LEAVE NO SPACE BLANK.

1. Name of Applicant: _____

2. Full address (including zip code): _____

3. Contact name and telephone number (for survey purposes):
Name: _____ Telephone number: _____
4. Location of Yard(s):
Address: _____

5. Fire Protection
Public Fire Dept.: _____ Distance from yard _____
No. of public fire hydrants _____ Distance from yard _____
Private Fire Protection (describe in full) _____

6. Watchman Service:
How many? _____ Is yard fenced? Yes No
Is service provided 24 hours per day? Yes No Guard at gate? Yes No
Watch Clock? Yes No
7. Describe property adjacent to the yard: _____

8. Policy period: _____ Limit of liability required:
From: _____ To: _____ Any one occurrence \$ _____

9. Gross receipts for past 3 years:

Year	Gross Receipts
	Estimates for Current Year

10. Breakdown of repairs by the following types of work:

Hull repairs _____% Machinery _____% Hydraulics _____%

Welding _____% Electrical _____% Gas freeing _____%

Boiler _____% Painting _____% Other _____%

11. a) If gas freeing operations are carried out, state number of vessels gas freed last year: _____

b) Does the applicant employ a full-time gas free chemist: Yes No

Does the applicant employ an outside sub-contracted chemist: Yes No

c) Does the applicant strictly adhere to the rules & regulations of the national fire protection agency applicable to work on vessels which have carried combustible liquid in bulk, as fuel or cargo?

Yes No If No, please explain: _____

12. How many employees does the applicant have: _____ Jones Act: _____

What is the gross wage roll: _____ USLHWA: _____

13. Yard facilities:

(i) Drydocks _____

Name	Year Built	Size	Construction	Capacity	Last Certification Date

(ii) Marine Railways _____

Name	Year Built	Size	Construction	Capacity	Last Certification Date

(iii) Repair Piers _____

Name	Year Built	Size	Construction	Capacity	Last Certification Date

(iv) Travel Lifts or Hoists _____

Name	Year Built	Size	Construction	Capacity	Last Certification Date

14. a) Type of vessels worked on:

US Navy _____% Commercial "Blue Water" _____%
Marad _____% Commercial "Brown Water" _____%
Pleasure Craft _____% Other _____% Please specify _____
Do you require Department of Defense Endorsement? Yes No

b) Give details of any contractual liability limitation agreements and attach copy of repair contract:

15. Number of vessels in repair yard last year: _____

Number of vessels repaired outside the yard last year: _____

Average value of vessel: _____

Maximum value of vessel: _____

16. Other work (work other than ship repair): Gross receipts: _____
 Give full details: _____

17. "Downstream" operations:
 What is the percentage of work carried out away from the applicant's premises where the vessel, craft, or equipment being worked on may be considered in somebody else's custody and control? _____ %
 What is the nature of this "Downstream" work? _____
 Where is the work carried out? _____

18. Give details of owned, hired or leased watercraft, docks or floats used during repair operations:

Vessel	Year Built	Dimensions	GRT

19. Has any insurance company ever cancelled or declined to issue or renew this form of insurance for this applicant? : Yes No

If yes, explain. _____

Present insurance company: _____

20. Loss History. List all claims/occurrences made against you during the past five (5) years resulting from operations covered by this form of policy. If none, state "none".

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amt. of Loss before any deductible	Current Status Paid or Outstanding

PLEASE ATTACH YOUR AUDITED FINANCIAL STATEMENT. FAILURE TO PROVIDE AN AUDITED FINANCIAL STATEMENT MAY RESULT IN A PREMIUM SURCHARGE.

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 FRADULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THIS POLICY IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____