



## 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                                       24 Hour Watchman                                       Night Watchman   
 Floodlights     Guard dog     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 enclose 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: \_\_\_\_\_

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Date: \_\_\_\_\_

Broker Name & Address: \_\_\_\_\_

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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.