



SHIP REPAIRER'S LEGAL LIABILITY APPLICATION

Applicant (Named Insured): _____

Location of Yard (Street Address): _____

Location (Longitude/Latitude): _____

Type of Vessels:	Steel	%	Wood	%	Fiberglass	%	Aluminum	%
Type of Work:	Hull	%	Engine	%	Electrical	%		
	Boiler	%	Welding	%	Painting	%		

Do you perform Gas Freeing Operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, how many vessels do you Gas Free each year?		
Do you issue Gas Free Certificates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	<u>How Many?</u>		<u>Capacity</u>	<u>Last Inspected</u>	<u>Certificate Issued?</u>
Dry-docks and Graving Docks	1.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
	2.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
Railways	1.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
	2.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
Cranes	1.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
	2.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
	4.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
Travel lifts	1.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
	2.		Tons		Yes <input type="checkbox"/> No <input type="checkbox"/>
Repair Piers	Total Length:		Feet	Max. any one	Feet

	<u>Inside</u>	<u>Outside</u>	<u>In Water</u>
Number of Vessels repaired last 12 months:			
Average Value any one vessel:	\$	\$	\$
Maximum Value any one vessel:	\$	\$	\$
Average values all vessels any one time:	\$	\$	\$
Maximum values all vessels any one time:	\$	\$	\$



Please advise of any changes expected in repair operations in the next 12 months (if none, state "None"):

Do you do any STORAGE OF VESSELS independently of Repair Operations? Yes No

FOR INDEPENDENT STORAGE	Inside	Outside	In Water
Maximum Number of Vessels STORED any one time:			
Average Value any one vessel:	\$	\$	\$
Maximum Value any one vessel:	\$	\$	\$
Average values all vessels any one time:	\$	\$	\$
Maximum values all vessels any one time:	\$	\$	\$

Do you do any HAULING OR LAUNCHING of vessels independently of Repair or Storage Operations? Yes No

FOR INDEPENDENT HAULING/LAUNCHING	
Number of Vessels HAULED OR LAUNCHED last 12 months:	
Average Value any one vessel:	\$
Maximum Value any one vessel:	\$

MAIN SHIPYARD BUILDINGS (used for ship repair operations or storage)									
Sq. Ft.	No. of Stories	Construction				Protection			
		Heating (describe)	Floor	Roof	Walls	Sprinklers	No. of Hand Extinguishers	Alarmed?	Monitored?
1.						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.						Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide a copy of the Plot Plan showing the general layout of the facility, and identifying the buildings noted earlier.

Public Fire Department:	Distance from Yard?	miles	Volunteer <input type="checkbox"/>	Paid <input type="checkbox"/>
Public Fire Hydrants:	Number within 500 feet?	Closest Hydrant?	feet	
Private Fire Protection:	Please provide details:			



WELDING OPERATIONS

Is a fire watch maintained on all welding operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, how long is the fire watch maintained?	Minutes	
Is a welding permit system used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a written procedure for all Hot Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide a copy of your Hot Work Procedure

Are any watchmen employed?	Yes <input type="checkbox"/>	<input type="checkbox"/> No	How Many?
Are watchmen on duty?	24 hours/7days? <input type="checkbox"/>	Yard operating hours only? <input type="checkbox"/>	
Is land access to Yard fenced?	Fully? <input type="checkbox"/>	Partially? <input type="checkbox"/>	Percentage Fenced? %
Is yard lit at night?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

How long has the business operated under present management? _____ years

Names & Past Experience of key personnel:	

No. of current employees:	Full Time:		Part Time:	
Total Payroll:	Last 12 months:	\$	Next 12 Months:	\$

LOSS RECORD FOR THE LAST 5 YEARS* (if no losses, please state "none")

Date of Loss	Cause	Amount claimed	Amount Paid	Reserve Outstanding
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

* Please record all incidents over \$1,000 regardless of whether it was insured and/or below deductible.

Total Gross Receipts:	Last 12 months:	\$	Next 12 Months:	\$
Estimate Next 12 months:	Ship Repairing Operations:	\$	Other Work:	\$
Any work done outside Yard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Gross Receipts for work done outside Yard:	\$			

Please provide details of any other work you may engage in, other than already noted above.

Are any subcontractors used? If so, please describe the nature of their work.

Are written contracts used?

With vessel owners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	100% of the time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
With subcontractors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	100% of the time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the owner waived rights of recourse against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you assumed liability for damage to the vessel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you waived your rights of recourse against the subcontractor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are subcontractors assuming full liability for their negligence, and providing certificates of insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please attach copies of standard contract forms or contracts with major clients and/or subcontractors.

BROKER ACKNOWLEDGEMENT

The undersigned understands that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the Insurer to effect insurance on the risk.

The undersigned acknowledges that any personal information contained in this application has been collected in accordance with all applicable privacy legislation.

The undersigned confirms that it has obtained the necessary consents to the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Broker's Signature

Applicant's signature

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.