



APPLICATION FOR SHIP REPAIRERS LEGAL LIABILITY INSURANCE

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| Applicant Name: | Years in Business (if less than 3 yrs, please attach resume) |
| Mailing Address (including City, State, Zip): | |
| Total Projected Gross Receipts for Terms: \$ | Proposed Effective/Expiration Date: |
| List of Insured Locations: 1. _____ 2. _____ 3. _____ 4. _____ | |

| SHIP REPAIRERS LIMITS: | |
|-------------------------------|---|
| \$ | General Aggregate |
| \$ | Products - Completed Operations Aggregate |
| \$ | Personal And Advertising Injury |
| \$ | Each Occurrence |
| \$ | Fire Damage Legal Liability |
| \$ | Medical Expense |
| \$ | Marina Operators P&I |

DEDUCTIBLE: \$ _____

| | |
|---|---|
| Type of Vessels worked upon: Aluminum _____% Fiberglass _____% Steel _____% Wood _____% Other _____% | Type of Work: Boiler _____% Electrical _____% Engine _____% Hull _____% Painting _____% Welding _____% Other (Describe) _____% |
| Vessel Use: Private Pleasure _____% Inland/Coastal Commercial Barge _____% Inland/Coastal Commercial Towing _____% Inland/Coastal Commercial Passenger _____% Offshore Commercial Barge _____% Offshore Commercial Towing _____% Offshore Commercial Passenger _____% | Subcontracted Work: Describe: _____ Does subcontractor used have liability insurance? Yes ____ No ____ What limits do you require them to carry? \$ _____ |
| Off Premises Work Done: Yes ____ No ____ | |
| Radius of Work done from your yard? _____ miles | |
| Describe your last 5 jobs: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ | |

Operations:

Number of Drydocks: _____ Number of Vessels Repaired In Yard Last Year: _____
 Number of Vessels Drydocked Last Year: _____ Number of Vessels Repaired Outside Yard Last Year: _____
 Number of Railways: _____ Number of Vessels Hauled Out Last Year: _____
 Number of Repair Piers: _____ Number of Vessels in Summer Storage: _____ Winter: _____
 Average Vessel Value \$ _____ Maximum Vessel Value \$ _____

Gas Freeing Operations:

Do you perform Gas Freeing Operations? Yes _____ No _____ If so, how many vessels gas freed per year? _____

Do you employ any of the following:

_____ Full-time Gas Free Chemist

_____ Outside Subcontracted Chemist

Limit of Liability Insurance Subcontractor carries \$ _____

Building/Contents Info:

Sprinklered? _____ Is Sprinkler Tested Annually? _____ Fire Department Distance? _____ miles Hydrants? _____

Security:

Burglar Alarm? _____ Central Station? _____ Watchman on Premises? _____ Fenced? _____

Describe your Non-Marine Work and give percentage of total revenues _____

Gross Receipts for the past 5 Years:

_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Current Insurer:

Is Current Insurer canceling, increasing rate, changing coverage, etc? (If yes, please explain):

LOSS EXPERIENCE:

List all claims (insured or not) during past 5 years on all operations.

(ATTACH FULL LOSS EXPERIENCE DETAILS)

| YEAR | PREMIUM | PAID LOSSES | OPEN / SETTLED | TOTAL |
|---------------------|---------|-----------------|----------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Applicant Signature | Date | Agent or Broker | Date | |

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.