

SHIP REPAIRERS LEGAL LIABILITY APPLICATION



Note: This form is designed to bring out information of importance to the underwriter in measuring the risk and any information considered to be of underwriting value should be reported, even though no specific question is asked concerning it on the form. Where there is insufficient space, supplemental or separate sheets should be attached to this form.

1. APPLICANT	
Name:	Subsidiaries:
Location of Applicant's Yard(s):	If Applicant has no yard, where is work done?
Mailing Address:	

2. OPERATIONS	
How long has applicant been in business?	Subsidiaries:
Previous Operating Name:	How long has yard been in operation under present management?
Names and past experience of key personnel:	
Annual Payroll:	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year-round
Describe fully all operations of the applicant and subsidiaries:	
Previously Discontinued Operations:	
Future Acquisition / Expansion plans:	

3. DOES APPLICANT OPERATE A WATERFRONT FACILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes":			
# of drydocks:	Certified Capacity:	Last Certified:	
# of railways:	Certified Capacity:	Last Certified:	
# of travel lifts:	Certified Capacity:	Last Certified:	
# of cradles:	Certified Capacity:	Last Certified:	
# of Repair Piers:	Length:	Age:	Construction:

4. FIRE PROTECTION	
Public Fire Dept.: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Distance: _____	Public Fire Hydrants: How many: _____ Distance: _____
Public Fire Main: Size: _____ Pressure: _____	Private Fire Protection: (if any, describe)
Other Protection:	

5. WATCHMEN		
How many employed:	# on each shift:	Watchclocks:
How many when not in operation:	Is yard fenced with guard at gate when yard operating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Effective Lighting:	Security Alarms?	
Physical Protection?		
Describe any other protection:		

6. List all buildings on the premises, including the occupancy of each:	Describe the construction, heat, sprinkler system, and size of all buildings used in the shiprepairing operation. Please attach a diagram as part of this explanation. Has there been a recent I.A.O. or other professional inspection done? Note Separation distances between buildings and to concentration of vessels.	Date: _____
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7. TYPE OF VESSELS WORKED ON

Steel _____ % Wood _____ % Fiberglass _____ % Oil Rigs _____ %

8. VESSEL REPAIRS

Number of vessels repaired last 12 months in yard: _____	Vessel Values Average: \$ _____	Vessel Values Maximum: \$ _____
Number of vessels repaired last 12 months outside yard: _____	Vessel Values Average: \$ _____	Vessel Values Maximum: \$ _____
What is the maximum number of vessels and total value that the applicant could have in any one building at one time:	Number: _____	Value \$ _____
What is the maximum number of vessels and total value that the applicant could have outside of building in the yard at one time:	Number: _____	Value \$ _____

9. CONCENTRATION OF VALUES

Are vessels stored as part of the shiprepairing operations? Yes No If "Yes":

# of vessels in storage:	Summer: _____	Winter: _____	In Buildings: _____
Average Values:	\$ _____	\$ _____	\$ _____
Maximum Values:	\$ _____	\$ _____	\$ _____
Total Values:	\$ _____	\$ _____	\$ _____

10. TYPE OF WORK

Boiler _____ % Engine _____ % Hull _____ % Painting _____ %

Electrical _____ % Welding _____ % Burning _____ % Fibreglassing _____ %

Certified Welders: Yes No Do you perform gas freeing operations? Yes No If so, state number of vessels gas freed yearly: _____

11. HAZARDS

Describe any dangerous materials or processes used in the shiprepairing operation (eg. fibreglassing, spray painting, welding, etc.): _____

What controls are exercised over storage and use? _____

Detail any hazardous process controls: _____

Any special Protection provided (Fire ext, hose, etc.): _____

Smoking Controls: _____

Is there a fire watch for welding? Yes No

Describe: _____

12. OIL RIGS

If involved with oil rigs, please describe fully (i.e. structural, drilling equipment, underwater welding, etc.): _____

13. SUB-CONTRACT

Does applicant **sub-contract** any work? Yes No

If "Yes", who with and what type of work is sub-contracted? _____

Is proof of Shiprepairers Coverage obtained from the sub-contractor? Yes No

14.

Describe any formal quality control measures:

Service Repair Agreements & Warranties in place:

Describe the access provided to the public:

15. LOSS RECORD

Give individual record of losses with amounts paid and outstanding last 10 years:

LOSSES	PAID	OUTSTANDING	LOSSES	PAID	OUTSTANDING

16. GROSS RECEIPTS

Estimated current year:	Yr. _____	\$ _____	Does applicant have any annual contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please describe:
Year just complete:	Yr. _____	\$ _____	
Prior year:	Yr. _____	\$ _____	

17. HOLD HARMLESS

Is a release secured limiting liability? Yes No If so, amount \$ _____

18. PREVIOUS INSURER

Company:	Policy #:
Has insurance ever been cancelled or refused renewal?	# Years with Current Insurer:
Does Applicant have other business with Royal & SunAlliance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information:	

19. LIMIT REQUIRED: \$ _____

Signing this Proposal does not bind the Proposer to complete the insurance but it is agreed that the information set forth herein shall be the basis of the contract should a policy be issued. If any of the foregoing questions have been answered fraudulently or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read all of the foregoing questions, answers and descriptions and agree that to the best of my/our knowledge and belief same fully represent the true statement of facts.

Name of Applicant _____ Date _____

Signature of Authorized Representative: _____