

### Shiprepairer's Legal Liability Application

1. Applicant's name and mailing address:																																
2. Number of years in this business:																																
3. Prior related work experience:																																
4. Related certification:																																
5. Name, experience and certification of key personnel																																
6. Location of repair yard:																																
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9. For mobile repairs describe areas traveled to and worked in:																																
<p>10. <b>Waterfront Facility:</b></p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><i>Number of:</i></th> <th style="text-align: left;"><i>Certified Capacity:</i></th> <th style="text-align: left;"><i>Age of:</i></th> <th style="text-align: left;"><i>Date last certified:</i></th> </tr> </thead> <tbody> <tr> <td>Drydocks:</td> <td>Drydocks:</td> <td>Drydocks:</td> <td>Drydocks:</td> </tr> <tr> <td>Railways</td> <td>Railways</td> <td>Railways</td> <td>Railways</td> </tr> <tr> <td>Travel lifts:</td> <td>Travel lifts:</td> <td>Travel lifts:</td> <td>Travel lifts:</td> </tr> <tr> <td>Cradles:</td> <td>Cradles:</td> <td>Cradles:</td> <td>Cradles:</td> </tr> <tr> <td>Repair piers:</td> <td>Repair piers:</td> <td>Repair piers:</td> <td>Repair piers:</td> </tr> </tbody> </table> <p style="text-align: right;"><i>(attach copies of certificates)</i></p>	<i>Number of:</i>	<i>Certified Capacity:</i>	<i>Age of:</i>	<i>Date last certified:</i>	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:								
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<p>11. <b>Type of repairs:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Boiler</td> <td style="width: 10%;">%</td> <td style="width: 15%;">Engine</td> <td style="width: 10%;">%</td> <td style="width: 15%;">Hull</td> <td style="width: 10%;">%</td> <td style="width: 15%;">Painting</td> <td style="width: 10%;">%</td> <td style="width: 15%;">Welding</td> <td style="width: 10%;">%</td> </tr> <tr> <td>Burning</td> <td>%</td> <td>Fiberglassing</td> <td>%</td> <td>Other</td> <td>%</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;"><i>(describe other):</i></p>	Boiler	%	Engine	%	Hull	%	Painting	%	Welding	%	Burning	%	Fiberglassing	%	Other	%																
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13. a. Describe any dangerous materials used:																																

b. How are these materials stored:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Are work areas vented to the outside:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

14. a. Are trailering services offered with repairs (ie pick ups, deliveries)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes, describe maximum distance trailered:		
15. a. Are vessels stored as part of the repair operations:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If stored in a building attach supplementary building application.		
16. What is the maximum duration of the storage?	Average duration?	
17. a. Maximum number of vessels at yard any one time?	Average number?	
b. Maximum value of vessels at yard any one time?	Average value?	
18. a. Any sub-contractors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do they have their own insurance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Are work orders used:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Do customers sign work orders:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Describe in full details other business located in the same yard, compound or facility as your business:		
20. a. Any NON-MARINE repairs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes, describe in full detail:		
21. a. Have you had any claims or losses in the past 5 years? If so, please provide details:		
b. Have you been involved in any major losses at any time? If so, please provide details:		
22. Gross receipts past year: _____ Estimated for current year: _____		
23. a. Prior Insurer:	b. Policy No.:	c. Expiry date:
b. Ever been cancelled by an Insurer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. If yes advise why:		

Agent's Name and Address: \_\_\_\_\_

Agent / broker'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.