

SHIP REPAIRER'S 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? _____ Years under present management: _____

Names, experience, and tickets of key personnel: _____

Annual Payroll: _____	No. of employees: _____	Seasonal: _____	Year-round : _____
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Is WCB coverage in place for the employees?	Yes	No
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Describe fully all operations of the applicant and subsidiaries (e.g. electrical, engine repairs, welding etc.): _____

3. TYPE OF WORK

Boiler:	Engine:	Hull:	Painting:	Electrical:	Welding:
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Burning:	Fibreglassing:	Other:	If "Other", describe: _____
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Certified Welders? Yes	No	Do you perform gas freeing operations? Yes	No	If so, state number of vessels gas freed yearly: _____
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4. DOES APPLICANT OPERATE A WATERFRONT FACILITY? Yes No If yes:

# of dry docks:	Certified Capacity: _____	Last Certified: _____
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# of railways:	Certified Capacity: _____	Last Certified: _____
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# of travel lifts:	Certified Capacity: _____	Last Certified: _____
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# of repair piers:	Length: _____	Age: _____	Construction: _____
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5. FIRE PROTECTION

Public Fire Department:	Paid:	Volunteer:	Distance from yard: _____
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Public Fire Hydrants:	Yes	No	Distance from yard: _____
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Other Protection: _____

6. SECURITY

Are watchmen / security companies employed?	Yes	No
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If "Yes", please provide details: _____

Are the premises alarmed? Yes No

If "Yes" please provide details:

Is the yard fenced and gated? Yes No

If "Yes" please provide details:

Describe other protection:

7. 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 ship repairing 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.

8. TYPE OF VESSELS WORKED ON Commercial: Pleasure Craft:

9. VESSEL REPAIRS

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

What is the maximum number of vessels and total value that the applicant could have outside the building at any one time? Number: Value:

10. CONCENTRATION OF VALUES

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

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

11. HAZARDS

Describe any dangerous materials or processes used in the ship repairing operation (e.g. 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. SUB-CONTRACTING

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

If "Yes", who with and what type of work?

Is proof of Ship Repairer's Coverage obtained from the sub-contractor? Yes No

13. QUALITY CONTROL

Describe any formal quality control measures (checklists etc.):

Service repair agreements & warranties in place (if so, please attach a copy):

Describe the public access, if any, provided to your facility:

14. LOSS RECORD

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

Losses	Paid	Outstanding	Losses	Paid	Outstanding

15. GROSS RECEIPTS

Estimated current year:	Yr.:	
Year just complete	Yr.:	
Prior Year	Yr.:	

Does applicant have any annual contracts? Yes No

If so, please describe:

16. HOLD HARMLESS

Is a hold harmless agreement in place that limits liability? Yes No If yes, please attach.

17. PREVIOUS INSURER

Company: Policy No.:

Has insurance ever been cancelled or refused renewal? Yes No No. years with current insurer:

Does applicant have other business with RSA?

Additional information:

18. 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 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: