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Application for Ship Repairer Legal Liability Insurance

Insurance for
Things That Move.™

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

Section 1 – Assured Information

Applicant's Name	Broker's Name
Applicant's Address	Broker's Address
Street	Street
City	City
Postal Code	Postal Code
Phone	Phone
Fax	Fax
Email	Email

Location of Yard

If the Insured does not have a yard, where is the work performed?

Does the Insured transport third party equipment to and from his own premises?

Yes No

If yes, please provide the maximum distance of transport and the type of transportation used.

Does the Insured use any special equipment to remove third parties' property from the vessel?

Yes No

If yes, please describe the equipment.

Section 2 – Vessel Types and Work Performed

Types of Vessels

Steel % Wood % Fibreglass % Oil Rigs %

Types of Work

Boiler % Engine % Hull % Electrical %

Painting % Burning % Welding % Installation of Equipment %

Please describe the work in greater detail

Does the Insured perform gas-freeing operations?

Yes No

If yes, provide the number of vessels gas freed in 12 months _____

Does the Insured have a Fire Watch?

Yes No

Section 3 – Facilities

Number of Facilities

Facilities	Capacity
Dry docks	_____
Railways	_____
Repair Piers	_____

Section 4 – Vessels Worked On

For the last 12 months, please indicate the number of vessels that have been:

Dry Docked # Hauled Out # Repaired in # Repaired #
Yard Outside

What is the percentage of work done in the Insured's yard

_____ %

Value of Vessels

Average \$ _____

Maximum \$ _____

Maximum value of vessels being worked on at any one time? \$ _____

Is coverage required on stored vessels?

Yes No

If yes, what is the number of vessels in storage during: Summer _____ Winter _____

Value of stored vessels \$ _____

Section 5 – Fire and Security

Public Fire Protection

Department

Paid Volunteer

Hydrants

How many? _____ Distance away? _____

Mains

Size _____ Pressure _____

Watchmen							
Employed	#	On each shift	#	When not in operation	#	Watch clocks	#

Is the yard fenced, with guard at gate when operating?
 Yes No
 If no, where is the work done?

Please describe other protection.

Section 6 – Published Rates at Yard

a) Overall blanket fire rate (state percentage of co-insurance for rate given and credit allowed for 90% or 100%)

 b) If you don't have a blanket fire rate, please attach a schedule of fire rates

Section 7 – Operational Information

How long has Insured been in business? _____	How long has yard been in operation under present management? _____
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Names and past experience of key personnel

Names	Experience

Section 8 – Loss Record

Give individual record if losses with amounts paid outstanding in last 10 years

Losses	Amount Paid	Amount O/S

Section 9 – Gross Receipts

Estimated Gross Receipts

Current Year	\$	Last Year	\$	Preceding Year	\$
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Does the Insured have annual contracts?
 Yes No
 If yes, please describe.

Section 10 – Miscellaneous

Are customers required to sign a “hold harmless” agreement?

Yes No

If yes, please attach a copy.

State Limit of Liability Required \$ _____

Does the insured perform repairs away from repair yard or on vessel while at sea?

Yes No

Are subcontractors employed?

Yes No

If yes, are they required to carry their own Ship Repairer’s Legal Liability Insurance?

Yes No

Does the insured own or operate any watercraft in connection with the ship repairing activities?

Yes No

If yes, you should consider applying for Hull & Machinery and Protection & Indemnity Insurance.

This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that to the best of his knowledge the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

Applicant’s Signature

Date