

SHIP REPAIRERS LEGAL LIABILITY APPLICATION

NAME OF APPLICANT(S): _____

Address: _____

Principal's Name: _____

LOCATION OF YARD AND/OR WORKSHOP: _____

Construction of Building(s): _____ Sprinklered? Yes No

Please indicate distance from the local Fire Department: _____ Voluntary Paid

Is the yard fenced? Yes No Is there watchman on duty? Yes No

If yes, please describe: _____

Please describe other protection: _____

List drydocks, railways, hoists and lifts, showing capacities: _____

Does the applicant transport third party equipment to and from his own premises? Yes No

If Yes, How far? _____ And Describe: _____

Does the insured perform repairs away from the repair yard? Yes No

If yes, please describe: _____

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

Are customers required to sign a Hold Harmless Agreement? Yes No If yes, please submit a copy

EXPERIENCE

Number of years in business: _____

How long has yard been in operation under present management: _____

Please describe any other related experience held: _____

Certification/Licenses held: _____

Names and experience of key personnel: _____

VESSELS

Types of vessels: Deep sea Fishboats Tugs Barges Yachts Other: _____

Construction: _____ % Steel _____ % Wood _____ % Fibreglass _____ % Aluminum _____ % Other

Type of work performed: _____ % Boiler _____ % Engine _____ % Electrical _____ % Hull

_____ % Painting _____ % Welding _____ % Fibreglassing _____ % Gas Freeing

Please describe fully: _____

What is the maximum number of vessels on hand at any one time? _____ Average number of vessels on hand at any one time? _____

Value of Vessels (at any one time): Average: _____ Maximum: _____

Are all repairs done on the insured's premises? Yes No

If not, please describe: _____

Is any of the work subcontracted? Yes No

If yes, please describe: _____

Are subcontractors required to carry their own Ship Repairers Legal Liability Insurance? Yes No

GROSS RECEIPTS

Estimated Gross Receipts for the upcoming year: \$ _____ Gross receipts for the current year: \$ _____

For the preceding year: _____

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LOSS INFORMATION

Has the insured had any losses? Yes No

If yes, please provide details below: _____

Limit of liability required: \$ _____

Please state any other information relevant to the risk: _____

INSURANCE REQUIRED from: _____ to: _____

Has a previous insurer ever cancelled or refused to renew your insurance? Yes No

If yes, please explain: _____

PREVIOUS INSURER: _____

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

AGENT/BROKER: _____

SIGNATURE OF OWNERS: _____ **DATE:** _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercialmarine@premiergroup.ca ****
Vancouver - T 604.669.5211 F 604.669.2667 **Ontario & Atlantic Canada - T 519.850.1610 F 519.850.1614**