



APPLICATION FOR SHIP REPAIRERS LEGAL LIABILITY INSURANCE

Applicant Name:	Years in Business (if less than 3 yrs, please attach resume)
Mailing Address (including City, State, Zip):	
Total Projected Gross Receipts for Terms: \$	Proposed Effective/Expiration Date:
List of Insured Locations: 1. _____ 2. _____ 3. _____ 4. _____	

SHIP REPAIRERS LIMITS:	
\$	General Aggregate
\$	Products - Completed Operations Aggregate
\$	Personal And Advertising Injury
\$	Each Occurrence
\$	Fire Damage Legal Liability
\$	Medical Expense
\$	Marina Operators P&I

DEDUCTIBLE: \$ _____

Type of Vessels worked upon: Aluminum _____% Fiberglass _____% Steel _____% Wood _____% Other _____%	Type of Work: Boiler _____% Electrical _____% Engine _____% Hull _____% Painting _____% Welding _____% Other (Describe) _____%
Vessel Use: Private Pleasure _____% Inland/Coastal Commercial Barge _____% Inland/Coastal Commercial Towing _____% Inland/Coastal Commercial Passenger _____% Offshore Commercial Barge _____% Offshore Commercial Towing _____% Offshore Commercial Passenger _____%	Subcontracted Work: Describe: _____ Does subcontractor used have liability insurance? Yes ____ No ____ What limits do you require them to carry? \$ _____

Off Premises Work Done: Yes ____ No ____	Radius of Work done from your yard? _____ miles
Describe your last 5 jobs:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

Operations:

Number of Drydocks: _____ Number of Vessels Repaired In Yard Last Year: _____
 Number of Vessels Drydocked Last Year: _____ Number of Vessels Repaired Outside Yard Last Year: _____
 Number of Railways: _____ Number of Vessels Hauled Out Last Year: _____
 Number of Repair Piers: _____ Number of Vessels in Summer Storage: _____ Winter: _____
 Average Vessel Value \$ _____ Maximum Vessel Value \$ _____

Gas Freeing Operations:

Do you perform Gas Freeing Operations? Yes _____ No _____ If so, how many vessels gas freed per year? _____

Do you employ any of the following:

_____ Full-time Gas Free Chemist

_____ Outside Subcontracted Chemist

Limit of Liability Insurance Subcontractor carries \$ _____

Building/Contents Info:

Sprinklered? _____ Is Sprinkler Tested Annually? _____ Fire Department Distance? _____ miles Hydrants? _____

Security:

Burglar Alarm? _____ Central Station? _____ Watchman on Premises? _____ Fenced? _____

Describe your Non-Marine Work and give percentage of total revenues _____

Gross Receipts for the past 5 Years:

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Current Insurer:

Is Current Insurer canceling, increasing rate, changing coverage, etc? (If yes, please explain):

LOSS EXPERIENCE:

List all claims (insured or not) during past 5 years on all operations.

(ATTACH FULL LOSS EXPERIENCE DETAILS)

YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL
Applicant Signature	Date	Agent or Broker	Date	

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

(December 2010)