



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:																																							
<p>7. a. Security at yard:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Completely fenced <input type="checkbox"/></td> <td style="width: 33%;">24 Hour Watchman <input type="checkbox"/></td> <td style="width: 33%;">Night Watchman <input type="checkbox"/></td> </tr> <tr> <td>Floodlights <input type="checkbox"/></td> <td>Guard dog <input type="checkbox"/></td> <td>Other (<i>describe</i>) <input type="checkbox"/></td> </tr> </table> <p>b. Fire Protection at yard:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Volunteer Fire hall <input type="checkbox"/> or Paid <input type="checkbox"/></td> <td style="width: 33%;">Distance from nearest hall:</td> <td style="width: 33%;">Distance from nearest hydrant:</td> </tr> <tr> <td>Smoke detectors <input type="checkbox"/></td> <td>Fire alarms <input type="checkbox"/></td> <td>Other (<i>describe</i>) <input type="checkbox"/></td> </tr> </table>				Completely fenced <input type="checkbox"/>	24 Hour Watchman <input type="checkbox"/>	Night Watchman <input type="checkbox"/>	Floodlights <input type="checkbox"/>	Guard dog <input type="checkbox"/>	Other (<i>describe</i>) <input type="checkbox"/>	Volunteer Fire hall <input type="checkbox"/> or Paid <input type="checkbox"/>	Distance from nearest hall:	Distance from nearest hydrant:	Smoke detectors <input type="checkbox"/>	Fire alarms <input type="checkbox"/>	Other (<i>describe</i>) <input type="checkbox"/>																								
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8. For each building owned and/or operated out of enclose a completed supplementary building application.																																							
9. For mobile repairs describe areas traveled to and worked in:																																							
<p>10. Waterfront Facility:</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> <tr> <td colspan="3"></td> <td style="text-align: right;"><i>(attach copies of certificates)</i></td> </tr> </tbody> </table>				<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:				<i>(attach copies of certificates)</i>								
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<p>11. Type of repairs:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 12.5%;">Boiler</td> <td style="width: 12.5%;">%</td> <td style="width: 12.5%;">Engine</td> <td style="width: 12.5%;">%</td> <td style="width: 12.5%;">Hull</td> <td style="width: 12.5%;">%</td> <td style="width: 12.5%;">Painting</td> <td style="width: 12.5%;">%</td> <td style="width: 12.5%;">Welding</td> <td style="width: 12.5%;">%</td> </tr> <tr> <td>Burning</td> <td>%</td> <td>Fiberglassing</td> <td>%</td> <td>Other</td> <td>%</td> <td colspan="4"></td> </tr> <tr> <td colspan="10" style="text-align: center;"><i>(describe other):</i></td> </tr> </table>				Boiler	%	Engine	%	Hull	%	Painting	%	Welding	%	Burning	%	Fiberglassing	%	Other	%					<i>(describe other):</i>															
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<p>13. a. Describe any dangerous materials used:</p> <p>b. How are these materials stored:</p> <p>c. Are work areas vented to the outside: Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																							
<p>14. a. Are trailering services offered with repairs (ie pick ups, deliveries) Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																							

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:		
24. Limit of Liability requested:		
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.

Supplementary application for all buildings

Applicant name and mailing address:		
Location a/o building address:		
Building is owned <input type="checkbox"/> rented <input type="checkbox"/> Approximate value of building:		
General: Square feet: Year Built: Height: Number of stories:	Construction: <input type="checkbox"/> Fire resistive <input type="checkbox"/> N.S.F.R. <input type="checkbox"/> Incombustible <input type="checkbox"/> Brick / Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other:	Finish: <input type="checkbox"/> Open <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Other:
Roof Decking: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Mill <input type="checkbox"/> Patent / wood joist	Roof Covering: <input type="checkbox"/> Patent <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Tar Paper <input type="checkbox"/> Other:	Chimney: <input type="checkbox"/> Brick/masonry from ground <input type="checkbox"/> Listed pre-fab metal <input type="checkbox"/> Other:
Grade Floor: <input type="checkbox"/> Concrete <input type="checkbox"/> Wood joist <input type="checkbox"/> Other:	Floor openings: <input type="checkbox"/> Open to storey <input type="checkbox"/> Open to basement <input type="checkbox"/> Other:	Beams: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other:
Access Detachment: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> All sides (is building attached to others etc...)	Exposures: (ie describe neighbors)	Fuses: <input type="checkbox"/> Ordinary fuses Type: <input type="checkbox"/> Circuit Breakers
Wiring: <input type="checkbox"/> Conduit <input type="checkbox"/> Romex <input type="checkbox"/> B.X. <input type="checkbox"/> Other:	Fuel: <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Other:	Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Forced warm air <input type="checkbox"/> Steam <input type="checkbox"/> Hot water <input type="checkbox"/> Woodstove (attach latest inspection) <input type="checkbox"/> Other:
Fire Protection: Distance from fire hydrant: Distance from fire hall: Volunteer or paid fire hall:	Internal Fire Protection: <input type="checkbox"/> Sprinklered <input type="checkbox"/> Central Station <input type="checkbox"/> CO2 System <input type="checkbox"/> Hand held fire extinguishers <input type="checkbox"/> Automatic Stand pipe & hose <input type="checkbox"/> Manual Stand pipe & hose <input type="checkbox"/> Other:	Internal Fire Alarms <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Fire alarms <input type="checkbox"/> Other:
External Security: <input type="checkbox"/> Area completely fenced <input type="checkbox"/> Watchmen services <div style="text-align: right;">24 hour <input type="checkbox"/></div> <div style="text-align: right;">Nighttime only <input type="checkbox"/></div> <input type="checkbox"/> Floodlights <input type="checkbox"/> Guard dogs <input type="checkbox"/> Other:	Internal Security: <input type="checkbox"/> Local alarm <input type="checkbox"/> Central alarm <input type="checkbox"/> Monitoring alarm Protects: <input type="checkbox"/> Premises <input type="checkbox"/> Vault <input type="checkbox"/> Safe	Other security: <input type="checkbox"/> Bars on windows <input type="checkbox"/> Steel door <input type="checkbox"/> Other: