



APPLICATION FOR SHIP REPAIRERS LEGAL LIABILITY INSURANCE

Applicant Name:			Years in Business	
Address (including City, State, Zip):				
Address of Yard(s):				
Limit Requested \$		Deductible \$		Projected Gross Receipts for Term \$
Proposed Effective/Expiration Date:				
Type of Vessels worked upon:		Type of Work:		Describe your last 5 jobs:
<input type="checkbox"/> Aluminum _____% <input type="checkbox"/> Cement _____% <input type="checkbox"/> Fiberglass _____% <input type="checkbox"/> Steel _____% <input type="checkbox"/> Wood _____% <input type="checkbox"/> Other _____%		<input type="checkbox"/> Boiler _____% <input type="checkbox"/> Electrical _____% <input type="checkbox"/> Engine _____% <input type="checkbox"/> Hull _____% <input type="checkbox"/> Painting _____% <input type="checkbox"/> Welding _____% <input type="checkbox"/> Other _____%		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? _____ If so, how many vessels gas freed per year? _____				
Do you employ any of the following: <input type="checkbox"/> Full-time Gas Free Chemist <input type="checkbox"/> Outside Subcontracted Chemist Limit of Liability Insurance Subcontractor carries \$ _____				
Gross Receipts for the past 5 Years: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____				
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				
Current Insurer:			Is Current Insurer canceling, increasing rate, changing coverage, etc? (If yes, please explain):	
Loss Experience:				
Year	Gross Premium	Paid Losses		Outstanding Losses
_____	\$ _____	\$ _____		\$ _____
_____	\$ _____	\$ _____		\$ _____
_____	\$ _____	\$ _____		\$ _____
_____	\$ _____	\$ _____		\$ _____
_____	\$ _____	\$ _____		\$ _____
Applicant Signature		Date	Agent or Broker	

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.