



Please fill out below

Application date

Applicant (named insured)

Location of yard (street address)

Location (longitude/latitude)

Type of vessels Steel Wood Fiberglass Aluminum

Type of work Hull Engine Electrical
 Boiler Welding Painting

Do you perform gas freeing operations? Yes No

If so, how many vessels do you gas free each year?

Do you issue gas free certificates? Yes No

	How many?	Capacity?	Last inspected	Certificate issued?
Dry-docks and graving docks	1	Tons	Yes	No
	2	Tons	Yes	No
	3	Tons	Yes	No
Railways	1	Tons	Yes	No
	2	Tons	Yes	No
Cranes	1	Tons	Yes	No
	2	Tons	Yes	No
	3	Tons	Yes	No
	4	Tons	Yes	No
Travel lifts	1	Tons	Yes	No
	2	Tons	Yes	No
Repair piers	Total length	Feet	Max. any one	

	Inside	Outside	In water
Number of Vessels repaired last 12 months:			
Average Value any one vessel:	\$	\$	\$
Maximum Value any one vessel:	\$	\$	\$
Average values all vessels any one time:	\$	\$	\$
Maximum values all vessels any one time:	\$	\$	\$

Please advise of any changes expected in repair operations in the next 12 months (if none, state "None"):

Do you do any storage of vessels independently of Repair Operations? Yes No

For independent storage	Inside	Outside	In water
Maximum number of vessels <u>stored</u> any one time:			
Average value any one vessel:	\$	\$	\$
Maximum value any one vessel:	\$	\$	\$
Average values all vessels any one time:	\$	\$	\$
Maximum values all vessels any one time:	\$	\$	\$

Do you do any hauling or launching of vessels independently of repair or storage operations? Yes No

For independent hauling/launching	
Number of vessels hauled or launched last 12 months:	
Average value any one vessel:	\$
Maximum value any one vessel:	\$

Main shipyard buildings (used for ship repair operations or storage)													
Construction							Protection						
	Sq. Ft.	No. of stories	Heating (describe)	Floor	Roof	Walls	Sprinklers		No. of hand extinguishers	Alarmed?	Monitored?		
1.							Yes	No		Yes	No	Yes	No
2.							Yes	No		Yes	No	Yes	No
3.							Yes	No		Yes	No	Yes	No
4.							Yes	No		Yes	No	Yes	No
5.							Yes	No		Yes	No	Yes	No
6.							Yes	No		Yes	No	Yes	No
7.							Yes	No		Yes	No	Yes	No

Please provide a copy of the Plot Plan showing the general layout of the facility, and identifying the buildings noted earlier.

Public fire department:	Distance from Yard?	miles	Volunteer	Paid
Public fire hydrants:	Number within 500 feet?	Closest Hydrant?	feet	
Private fire protection:	Please provide details:			

Welding operations			
Is a fire watch maintained on all welding operations?	Yes	No	
If yes, how long is the fire watch maintained?			Minutes
Is a welding permit system used?	Yes	No	
Do you have a written procedure for all Hot Work?	Yes	No	

Please provide a copy of your hot work procedure

Are any watchmen employed?	Yes	No	How Many?
Are watchmen on duty?	24 hours/7days?		Yard operating hours only?
Is land access to Yard fenced?	Fully?	Partially?	Percentage Fenced? %
Is yard lit at night?	Yes		No

How long has the business operated under present management?	Years?
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Names and past experience of key personnel:				
No. of current employees:	Full time:		Part time:	
Total payroll:	Last 12 months:	\$	Next 12 months:	\$

Loss record for the last 5 years* (if no losses, please state "none")

Date of loss	Cause	Amount claimed	Amount paid	Reserve outstanding
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*** Please record all incidents over \$1,000 regardless of whether it was insured and/or below deductible.**

Total gross receipts:	Last 12 months:	\$	Next 12 Months:	\$
Estimate next 12 months:	Ship repairing operations:	\$	Other work:	\$
Any work done outside	Yes	No		
Gross receipts for work done outside yard:		\$		

Please provide details of any other work you may engage in, other than already noted above.

Are any subcontractors used? If so, please describe the nature of their work.

Are written contracts used?

With vessel owners?	Yes	No	100% of the time?	Yes	No
With subcontractors?	Yes	No	100% of the time?	Yes	No
Has the owner waived rights of recourse against you?	Yes	No	Have you assumed liability for damage to the vessel?	Yes	No
Have you waived your rights of recourse against the subcontractor?	Yes	No	Are subcontractors assuming full liability for their negligence, and providing certificates of insurance?	Yes	No

Please attach copies of standard contract forms or contracts with major clients and/or subcontractors.

Broker acknowledgment

The undersigned acknowledges that any personal information contained in this application has been collected in accordance with all applicable privacy legislation.

The undersigned confirms that it has obtained the necessary consents to the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Broker

Signature of applicant:

Address

Title