



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? | |
|-----------------------------|--------------|-----------|--|----------------|--------------|---------------------|----|
| | | | | | | Yes | No |
| 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?

| | | | |
|--|-----------------|----|--------------------|
| 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