

**Application for Ship Repairer Legal
Liability Insurance**

Atlantic Marine Underwriters Inc.

**Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1
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Applicant's Name:	Broker's Name:
Address:	Address: Brokers No. ()
Location of Yard:	
If the Insured does not have a yard, where is the work performed?	
Does the Insured transport third party equipment to and from his own premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes - What is the maximum distance? _____ - What type of transportation is used? _____	
Does the Insured use any special equipment to remove third party property from the vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: _____	

Section II

Type of Vessels:							
Steel	%	Wood	%	Fiberglass	%	Other	%

Section III

Type of Work performed:									
Boiler	%	Engine	%	Hull	%	Electrical	%		
Painting	%	Burning	%	Welding	%	Installation of equipment	%		
Please describe fully									

Does the Insured perform gas freeing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No				- If so, number of vessels gas freed in 12 months? _____				Does the Insured have a Fire Watch <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section IV

Facilities: Number of							
Dry docks: _____	Capacity: _____	Railways: _____	Capacity: _____	Repair Piers: _____	Capacity: _____		

Section V

Vessels being worked on in the last 12 months, please state the number of vessels							
Dry docked? _____	Hauled out? _____	Repaired in yard? _____	Repaired outside yard? _____				
What is the percentage of the work done in the Insured's yard _____ %							
Value of Vessels: _____		Average \$ _____		Maximum \$ _____			
What is the maximum value of vessels being worked on at any one time? _____							
\$Is coverage required on stored vessels? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, what is the number of vessels in storage during: Summer? _____ Winter? _____							
Value of stored vessels: Average \$ _____ Maximum \$ _____							

Section VI

Fire Protection Department Hydrants Mains
Public () Paid () Volunteer How many ___ Distance away ___ Size ___ Pressure ___
Private: If any, please describe: _____
Watchman – How many? _____
Employed? _____ On each shift _____ When not in operation? _____ Watchclocks _____
If no yard, where is the work done? _____
Please describe other protection: _____

Section VII

Published rates at yard
Overall blanket fire rate (state percentage of co-insurance for rate given and credit allowed for 90% or 100%) _____
If no blanket fire rate, please furnish schedule of fire rates: _____

Section VIII

Information on operations:
How long has insured been in business? _____ How long has yard been in operation under present management? _____
Names & past experience of key personnel:
Name Experience

Section IX

Loss Record
Give individual record of losses with amounts paid & outstanding in the last five/5 years:
Losses Amount Paid Amount o/s

Section X

Gross Receipts
Estimated Gross Receipts:
For current year? \$ _____ For last year? \$ _____ For Preceding year? \$ _____
Does the insured have annual contracts? () Yes () No
If yes, please describe: _____

Section XI

Are customers required to sign a Hold Harmless Agreement? () Yes () No If yes, please submit copy.

Section XII

Limit of Liability
State limit of liability required: \$ _____

Section XIII

General
Does the insured perform repairs away from repair yard or on vessel while at sea? () Yes () No If yes, please describe.

Are subcontractors employed? () Yes () No
If yes, are they required to have their own Ship Repair Legal Liability Insurance? () Yes () No
Does the insured own or operate any watercraft in connection with Ship Repairing activities? () Yes () No
If yes, it is suggested that you consider applying for Hull and Machinery, and Protection & Indemnity Insurance.

This application does not bind the applicant or the company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that to the best of his knowledge the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

Applicant's Signature

Date