



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: <input type="checkbox"/> Aluminum _____% <input type="checkbox"/> Cement _____% <input type="checkbox"/> Fiberglass _____% <input type="checkbox"/> Steel _____% <input type="checkbox"/> Wood _____% <input type="checkbox"/> Other _____%		Type of Work: <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 _____%	
Describe your last 5 jobs:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
Operations: Number of Drydocks: _____ Number of Vessels Drydocked Last Year: _____ Number of Railways: _____ Number of Repair Piers: _____ Average Vessel Value \$ _____			
Number of Vessels Repaired in Yard Last Year: _____ Number of Vessels Repaired Outside Yard Last Year: _____ Number of Vessels Hauled Out Last Year: _____ Number of Vessels in Summer Storage: _____ Winter: _____ 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	Date

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.