

SHIP REPAIRER'S LIABILITY INSURANCE APPLICATION SUPPLEMENT

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY, IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE STATE "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE ATTACH A SEPARATE SHEET AND IDENTIFY THE QUESTION TO WHICH IT RESPONDS. LEAVE NO SPACE BLANK.

1. **NAME OF APPLICANT:** _____

2. **FULL ADDRESS (INCLUDE ZIP CODE):** _____

3. **LOCATION OF YARD(S):**
ADDRESS: _____

4. **DESCRIBE PROPERTY ADJACENT TO THE YARD:** _____

5. **BREAKDOWN OF REPAIRS BY THE FOLLOWING TYPES OF WORK:**

HULL REPAIRS%	MACHINERY_____%	HYDRAULICS_____%
WELDING_____%	ELECTRICAL_____%	GAS FREEING_____%
BOILER_____%	PAINTING_____%	OTHER_____%

6. **IF GAS FREEING OPERATIONS ARE CARRIED OUT:**

(a) STATE NUMBER OF VESSELS GAS FREED LAST YEAR: _____

(b) DOES THE APPLICANT EMPLOY A FULL-TIME GAS FREE CHEMIST: _____

(c) DOES THE APPLICANT EMPLOY AN OUTSIDE SUB-CONTRACTED CHEMIST: _____

7. DOES THE APPLICANT STRICTLY ADHERE TO THE RULES & REGULATIONS OF THE NATIONAL FIRE PROTECTION AGENCY APPLICABLE TO WORK ON VESSELS WHICH HAVE CARRIED COMBUSTIBLE LIQUID IN BULK, AS FUEL OR CARGO

YES/NO

IF NO, PLEASE EXPLAIN: _____

8. **YARD FACILITIES:**

(i) DRYDOCKS _____

NAME	YEAR BUILT	SIZE	CONSTRUCTION	CAPACITY	LAST CERTIFICATION DATE

(ii) MARINE RAILWAYS _____

NAME	YEAR BUILT	SIZE	CONSTRUCTION	CAPACITY	LAST CERTIFICATION DATE

(iii) REPAIR PIERS _____

NAME	YEAR BUILT	SIZE	CONSTRUCTION	CAPACITY	LAST CERTIFICATION DATE

9. **TYPE OF VESSELS WORKED ON:**

US NAVY _____% COMMERCIAL "BLUE WATER" _____%
 MARAD _____% COMMERCIAL "BROWN WATER" _____%
 PLEASURE CRAFT _____% OTHER _____% PLEASE SPECIFY _____

10. **GIVE DETAILS OF ANY CONTRACTUAL LIABILITY LIMITATION AGREEMENTS:**

11. (a) **NO. OF VESSELS REPAIRED IN YARD LAST YEAR:** _____ (b) **NO. OF VESSELS REPAIRED OUTSIDE THE YARD LAST YEAR:** _____
 (c) **AVE. VALUE OF VESSEL:** _____ (d) **MAX. VALUE OF VESSEL:** _____

12. **OTHER WORK (WORK OTHER THAN SHIP REPAIR):** GROSS RECEIPTS OF OTHER WORK: _____
 GIVE FULL DETAILS: _____

13. **“DOWNSTREAM” OPERATIONS:**
 WHAT IS THE PERCENTAGE OF WORK CARRIED OUT AWAY FROM THE APPLICANT’S PREMISES WHERE THE VESSEL, CRAFT, OR EQUIPMENT BEING WORKED ON MAY BE CONSIDERED IN SOMEBODY ELSE’S CUSTODY AND CONTROL? _____%

WHAT IS THE NATURE OF THIS “DOWNSTREAM” WORK? _____

WHERE IS THE WORK CARRIED OUT? _____

14. **GIVE DETAILS OF OWNED, HIRED OR LEASED WATERCRAFT, DOCKS OR FLOATS USED DURING REPAIR OPERATIONS:**

VESSEL	YEAR BUILT	DIMENSIONS	GRT

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THIS POLICY IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF. THIS APPLICATION WILL BE APPENDED TO THE POLICY.

PRODUCER’S SIGNATURE: _____ DATE: _____

APPLICANT’S SIGNATURE: _____ DATE: _____

PRINT: _____ TITLE: _____