

APPLICATION FOR SHIP REPAIRER'S LEGAL LIABILITY

1. NAME OF INSURED _____

2. LOCATION OF YARD _____

3. LIMIT PER OCCURRENCE _____

LIMIT PER VESSEL _____

4. GENERAL

(A) FIRE PROTECTION

PUBLIC FIRE DEPARTMENT: PAID OR VOLUNTEER _____

PUBLIC FIRE HYDRANTS: HOW MANY _____

HOW FAR DISTANCE _____

PUBLIC FIRE MAINS: SIZE _____ PRESSURE _____

PRIVATE FIRE PROTECTION: (IF ANY, DESCRIBE)

5. REPAIR OPERATIONS

(A) TYPES OF BOATS REPAIRED: COMMERCIAL _____% PLEASURE _____%

(B) TYPES OF VESSELS: STEEL _____% WOOD _____% FIBERGLASS _____%
ALUMINUM _____%

(C) TYPE OF WORK: ELECTRICAL _____% ENGINE _____% HULL _____%
FIBERGLASS _____% WOOD _____% METAL _____% PAINTING _____%
INTERIOR _____%

(D) WHERE ARE FLAMMABLE MATERIALS STORED: _____

(E) MAXIMUM VALUE OF ANY ONE BOAT REPAIRED: _____

(F) AVERAGE VALUE OF BOATS REPAIRED: _____

(G) ARE ANY BOATS FOR REPAIR PICK UP, DELIVERED, OR TESTED ON TRIAL RUNS: _____

IF SO: ON WATER _____ WHO OPERATES _____ ON LAND _____
WHO OPERATES _____

(H) TYPE OF BUSINESS ADJACENT TO WORK AREA _____

WHERE IS WORK BEING DONE _____

YEAR OF BUILDING _____ CONSTRUCTION OF BUILDING _____
NUMBER OF STORIES _____ IS BUILDING SPRINKLERED _____
BUREAU FIRE CONTENTS RATE _____ ANY OTHER WORK BEING DONE IN BUILDING _____
IF YES, DESCRIBED _____

6. HAUL OUT FACILITIES

(A) NUMBER OF DRY DOCKS _____ CAPACITY _____ (B) NUMBER OF REPAIR PIERS _____
LENGTH _____ (C) NUMBER OF RAILWAYS _____ CAPACITY _____
(D) OTHER _____
(E) DATE OF LAST UNDERWATER SURVEY _____

7. GROSS RECEIPTS

19 _____ 19 _____
ANTICIPATED FOR UPCOMING YEAR _____

8. ADDITIONAL INFORMATION

(A) WHAT IS APPLICANT'S EXPERIENCE IN THIS BUSINESS GENERALLY? (LIST KEY PERSONNEL & HOW LONG UNDER CURRENT OWNERSHIP & MANAGEMENT: _____

(B) LOSS EXPERIENCE (LAST FIVE YEARS): _____

(C) PRESENT INSURANCE CARRIER: _____

(D) HAS INSURANCE EVER BEEN CANCELLED: _____

IF YES, EXPLAIN: _____

I UNDERSTAND THAT THE ABOVE INFORMATION, WHICH IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, IS TO BE THE BASIS OF INSURANCE, IF GRANTED, BUT DOES NOT OBLIGATE ME TO ACCEPT THE INSURANCE, NOR THE COMPANY TO ACCEPT THE RISK.

AGENCY _____

DATE OF APPLICATION _____

SIGNATURE OF APPLICANT