



SHIP REPAIRER'S LEGAL LIABILITY APPLICATION

Named Insured: _____
 Contact Person For Inspection and Telephone Number: _____
 Mailing Address: _____
 Year Business Started: _____
 Website: _____
 Other Named Insureds: _____

Policy Period From: _____ To: _____ Limit Required: _____ Deductible Required: _____

ACCOUNT DETAILS

Location of Yard (exact address): _____

Type of Vessels Worked Upon		Type of Work		Payroll Last 3 Years	Receipts Last 3 Years
Steel	%	Engine	%	Yr. 20 ___ / _____	Yr. 20 ___ / _____
Fiberglass	%	Boiler	%	Yr. 20 ___ / _____	Yr. 20 ___ / _____
Wood	%	Electrical	%	Yr. 20 ___ / _____	Yr. 20 ___ / _____
Aluminum	%	Hull	%		
Ferro Cement	%	Painting	%	Estimate for Upcoming Year: _____	Estimate for Upcoming Year: _____
		Burning	%		
Number of Vessels in Storage		Welding	%	Percentage of Payroll Supplied by Labor Pools: _____%	
Summer: _____ Winter: _____		Conversion	%	Union Longshoremen: _____% Subcontractors: _____%	

Number of Drydocks: _____ Number of Railways: _____ Number of Repair Piers: _____
 Any Work Done Indoors/under-roof? Yes No If Yes, is Building Sprinklered 24-hour Central Station Alarmed
 If Any Work is Done Indoors/under-roof, Please Advise the Average and Maximum Values at Risk, Per Building, at Any One time:

Number of Vessels Drydocked in Last Year: _____ Number of Vessels Hauled Out in Last Year: _____
 Number of Vessels Repaired in Yard Last Year: _____ Number of Vessels Repaired Outside of Yard Last Year: _____

Average Value Of Vessel: _____ **Maximum Value of Vessel:** _____

Do You Perform Freeing Operations? Yes No If Yes, Number of Vessels Gas Freed in One Year: _____

Does the Insured Employ One of the Following as Required? Full-time Gas Free Chemist Outside Contracted Chemist

If an Outside Chemist is Subcontracted, Does the Insured Currently Require Proof of Liability Insurance (insurance certificate) From the Chemist or His Employer in a Minimum Amount of \$1,000,000? Yes No

Have the Insured's Operations Been Subject to an Independent Safety Audit? Yes No

If yes, By Whom? _____

Describe Private Fire Protection: _____

Public Fire Department: Paid Volunteer

Public Fire Hydrants: How Many? _____ How Far Distant? _____

Public Fire Mains: Size: _____ Pressure: _____

How Many Watchmen Employed? _____ How Many Each Shift? _____ Watch Clocks Yes No
 Is Yard Fenced in, With Guard at Gate, When Yard is Operating? Yes No
 Does Insured Operate Under Written Contracts Which Include "Hold Harmless" Agreements or Any Provisions Which Insured Assumes Liabilities? Yes No If Yes, Please Furnish Copies.
 Is a Release Secured Limiting the Insured's Liability? Yes No If Yes, Amount: _____
 Please Describe any Non-marine Work Performed and Give Percentage of Total Revenues Applicable: _____

Does the insured Navigate the Vessel for Trials/trips? Yes No
 If Yes, What is the Maximum Distance? _____
 Where Are the Crew Covered For the Trials/trips? _____
 Do Employees Perform Work Off Premises? Yes No
 If Yes, Describe: _____

PREMIUM AND LOSS HISTORY

Year	Premium Paid	Losses Paid	Outstanding	Number of Claims

HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.

SPECIAL INFORMATION

Does this placement include all vessels operated by the Assured or affiliated or subsidiary companies? Yes No
 If no, explain: _____

Present Insuring Company: _____ Provide copies of current policies if available.
 Has any company ever cancelled insurance for this owner? Yes No
 If yes, with what company and on what terms? _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____
 Print Name: _____ Title: _____



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