



SHIP REPAIRER'S LEGAL LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

2. **Mailing Address:**

Website Address:

3. NATURE OF BUSINESS

a) Briefly describe the nature of the facilities – dry docks, marine railways, travel lifts, cranes, etc.:

b) Number of years in Business:

c) Please describe experience of key employees:

4. NATURE OF WORK / REVENUES

a) Describe vessels worked on – type, and usual size:

b) Estimated percentage of:

Cutting & Welding _____ % Steel _____ % Aluminum _____ % Electrical _____ %

Mechanical – engines, steering _____ % Electronics _____ % Cleaning, Painting _____ % Other _____ %

- c) Do you do gas freeing? Yes No
- d) Do you work on drilling rigs or platforms? Yes No
- e) Do you perform hot work on rigs or platforms? Yes No

- f) Revenue / Receipts (Ship repairing):
- i. Upcoming year Est. \$ _____
- ii. Current year \$ _____
- iii. Previous year \$ _____

- g) Location of work:
- i. Canada _____ %
- ii. USA _____ %
- iii. Other _____ %

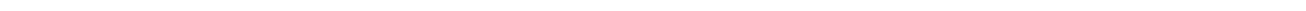
- h) Do you make delivery trips? Yes No
If Yes, maximum distance: _____

- i) Are vessels towed? Yes No

- j) Are vessels stored? Yes No

5. PROTECTION

- a) Are you within municipal fire protection? Yes No
If No, describe fire protection:



- b) Is there a watchman on duty when closed? Yes No
- c) Are the premises fully fenced and lighted? Yes No
- d) Are contracts signed by all shipowners? Yes No
If Yes, please provide a copy of the standard contract.
- e) Are the lifting devices certified annually? Yes No
- f) Do you have a written policy for hot work procedures? Yes No
- g) Do you require a dedicated employee to be on fire watch during hot work and for 30 minutes following? Yes No

6. FIRE WATCH WARRANTY

Before any cutting, burning or welding commences, the area of work is to be cleaned and freed of grease, oil, or other flammable materials. Whenever cutting, burning or welding is in progress, and for at least one half hour after completion, there will be in attendance at the cutting, burning or welding site, a dedicated employee equipped with and competent in the use of proper fire extinguishers and other emergency firefighting equipment as considered necessary.

7. LOSS EXPERIENCE (During Previous Five (5) Years For All Coverages Being Requested)

Year	Premiums Paid	Loss Description	Losses Paid	Outstanding

8. INSURANCE DETAILS

a) Limits required: _____

b) Alternative limit: _____

c) Insurer: _____

d) Policy Number: _____

e) Number of years with current Insurer: _____

f) Have you ever had insurance cancelled? Yes No
 If Yes, please provide details:

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**