

**SHIP REPAIRERS LEGAL LIABILITY INSURANCE APPLICATION**



Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Applicant's Website Address: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Deductible Desired: \_\_\_\_\_

**1. Location(s) to be insured:** (For additional locations, use additional sheets)

	Address	Limit Desired
A)	_____	_____
B)	_____	_____
	_____	_____

**2. Description:** For each location, please provide the following- (use additional sheets if needed)

- A) Ground Floor Area: \_\_\_\_\_
- B) Height (Stories): \_\_\_\_\_
- C) Describe any other occupancies: \_\_\_\_\_  
 \_\_\_\_\_
- D) Construction: \_\_\_\_\_ Walls: \_\_\_\_\_ Roof: \_\_\_\_\_
- E) Year built: \_\_\_\_\_

**3. Protection:** For each location, please provide the following- (use additional sheets if needed)

- A) Sprinklered? \_\_\_\_\_ If yes, wet or dry? \_\_\_\_\_  
 Brand and date of installation: \_\_\_\_\_  
 How often serviced? \_\_\_\_\_  
 By whom? \_\_\_\_\_  
 Is system alarmed? \_\_\_\_\_  
 If yes, describe: \_\_\_\_\_
- B) Describe any other fire protection: \_\_\_\_\_  
 \_\_\_\_\_
- C) Distance to responding fire department: \_\_\_\_\_
- D) Burglar alarm? \_\_\_\_\_ If yes, central station? \_\_\_\_\_  
 Name of Protection Company: \_\_\_\_\_  
 UL Certificate No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Any watchmen exclusively employed by applicant? \_\_\_\_\_  
 If yes, describe hours, number of clock or central station pull boxes? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Work Performed**

- A) **Type of Work:**
  - Welding/Structural Alterations: \_\_\_\_\_ %
  - Engine/Boiler: \_\_\_\_\_ %
  - Electrical: \_\_\_\_\_ %
  - Hull: \_\_\_\_\_ %
  - Painting: \_\_\_\_\_ %
  - Other: \_\_\_\_\_ %
- B) **Type of Vessels:**
  - Steel: \_\_\_\_\_ %

Aluminum: \_\_\_\_\_ %  
 Fiberglass: \_\_\_\_\_ %  
 Wood: \_\_\_\_\_ %  
 Other: \_\_\_\_\_ %

**C) Facilities:**

- (1) Number of Repair Piers: \_\_\_\_\_
- (2) Number of Dry Docks: \_\_\_\_\_
- (3) Number of Railways: \_\_\_\_\_
- (4) Any shore based cranes: \_\_\_\_\_
- (5) Any floating cranes? \_\_\_\_\_

**D) Activity:**

- (1) No. of vessels repaired in the yard(s) last year: \_\_\_\_\_
- (2) No. vessels repaired in Outside Yard last year: \_\_\_\_\_
- (3) No. of vessels Dry Docked last year: \_\_\_\_\_
- (4) No. of vessels hauled out last year: \_\_\_\_\_
- (5) Average tonnage or length of vessel under repair: \_\_\_\_\_

**E) Gas Freeing**

- (1) Does applicant perform his own gas freeing? \_\_\_\_\_  
 If yes, by its own employee or an outside chemist? \_\_\_\_\_
- (2) No. of vessels were freed last year: \_\_\_\_\_
- (3) If freeing subcontracted, are certificates of insurance required? \_\_\_\_\_

**F) Employees**

Total number: \_\_\_\_\_ Bonded? \_\_\_\_\_

**G) Past Work - Describe your last five jobs:**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

**5. Miscellaneous Work**

- A) Is any vessel storage done? If so, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- B) Describe any other commercial operations conducted: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Revenue - List annual gross receipts for the last five years:**

Year	
_____	_____
_____	_____
_____	_____
_____	_____

Estimated gross receipts for next 12 months: \_\_\_\_\_

7. **Loss Experience** (insured or not):

	<u># of Claims</u>	<u>Total Amount of Losses</u>	<u>Causes of Loss</u>
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Previous Insurer: \_\_\_\_\_

I hereby certify that the foregoing is a good faith representation of the information requested.  
I acknowledge that if this insurance is effected, material misrepresentation or concealment  
of any information voids this insurance.

\_\_\_\_\_  
(Name / Title)

\_\_\_\_\_  
Date

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