



# SHIP REPAIRERS

## LEGAL LIABILITY APPLICATION

### APPLICANT

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Projected Gross Receipts for Terms: \$\_\_\_\_\_ Proposed Effective/Expiration Date: \_\_\_\_\_

#### LIST OF INSURED LOCATIONS

1. \_\_\_\_\_

2. \_\_\_\_\_

#### TYPE OF WORK PERFORMED

Vessel Detailing or Cleaning ☐ Yes ☐ No

Electrical Installation or Repair ☐ Yes ☐ No

Gas Engine Repair ☐ Yes ☐ No

Diesel Engine Repair (maximum horsepower: \_\_\_\_\_) ☐ Yes ☐ No

Please include insured deisel certifications.

Fiberglass Repair ☐ Yes ☐ No

Painting ☐ Yes ☐ No

Welding ☐ Yes ☐ No

Other (describe): \_\_\_\_\_ ☐ Yes ☐ No

#### OPERATIONS

If fiberglass or painting, does insured perform all painting/fiberglass work in a UL approved booth or outdoors in the open? ☐ Yes ☐ No

Are all operations 100% mobile? ☐ Yes ☐ No

If not 100% mobile, are all non-owned boats on applicant's premises secured in completely fenced area or kept indoors? ☐ Yes ☐ No

Does the account perform any modifications over stock? ☐ Yes ☐ No

Any work involving scaffolding? ☐ Yes ☐ No

Any work done to vessels over 60 feet in length? ☐ Yes ☐ No

Does the applicant have at least 3 years' experience in this trade? ☐ Yes ☐ No

## UNDERWRITING

- Has the applicant experienced any losses (covered or uncovered) in previous 5 years? ☐ Yes ☐ No
- Does the applicant perform any non-marine work? ☐ Yes ☐ No
- Does the applicant perform any diving operations? ☐ Yes ☐ No
- Does the applicant perform any gas freeing? ☐ Yes ☐ No
- Does the account refurbish any propellers? ☐ Yes ☐ No
- Does the applicant use any subcontracted work where the subcontractor does not carry \$1M of ship repairer's legal liability? ☐ Yes ☐ No
- Average value of vessel worked on: \$\_\_\_\_\_
- Maximum value of vessel worked on: \$\_\_\_\_\_
- Any Excess limits required? ☐ Yes ☐ No
- Please include Acord 131 in submission.
- Would applicant like to include option for \$10,000 Equipment & Tools? ☐ Yes ☐ No
- Inspection Contact and Phone Number: \_\_\_\_\_

## SIGNATURES

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent or Broker: \_\_\_\_\_ Date: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.