

## Producer Information

Name of Insured: \_\_\_\_\_ Contact person for Inspection: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Year business started: \_\_\_\_\_ Website: \_\_\_\_\_

Other named insureds: \_\_\_\_\_

Has insurance ever been canceled or non-renewed on this insured?  Yes  No

If yes, why? \_\_\_\_\_

Policy period From: \_\_\_\_\_ To: \_\_\_\_\_ Limit required: \_\_\_\_\_ Deductible required: \_\_\_\_\_

## Account Details

Location of yard (exact address): \_\_\_\_\_

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

Types of Vessels Worked Upon		Type of Work		Payroll Last 3 Years	Receipts Last 3 Years
Steel	%	Engine	%	(Yr 20____) _____	(Yr 20____) _____
Fiberglass	%	Boiler	%		
Wood	%	Electrical	%	(Yr 20____) _____	(Yr 20____) _____
Aluminum	%	Hull	%	(Yr 20____) _____	(Yr 20____) _____
Ferro Cement	%	Painting	%	Estimate for upcoming year:	Estimate for upcoming year:
		Burning	%		
Number of Vessels in Storage Summer: _____ Winter: _____		Welding	%	Percentage of Payroll supplied by: Labor Pools _____ %	
		Conversion	%	Union Longshoremen _____ %	Subcontractor's _____ %

Number of dry docks: 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 dry docked 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 gas 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 (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: \_\_\_\_\_

Attach Loss Experience for the past 5 years (Should include: Date of Loss, Description of Loss, Amounts Paid & Outstanding, and Applicable Deductible).

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

The foregoing statements made and signed by the applicant and/or his duly authorized agent are warranted by him to be a correct and true basis on which insurance may be granted, but in no way bind the applicant to accept the quotation or the insurers to accept the risk.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_