

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	%	(Yr 20____) _____	(Yr 20____) _____
Wood	%	Electrical	%		
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:



WHOLESURESM

SOLUTIONS FOR EVERY RISK

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: _____