

To be used with standardized industry Commercial Insurance Applications
Applicant Information Section, Commercial General Liability Section (as needed)

Please Print or Type

Name of Applicant

Policy Period From:	To:	Limit Required \$	Deductible Required \$
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GENERAL INFORMATION — VESSELS

Location of Yard (Exact Address)

Type of Vessels Worked Upon:											
Steel	%	Fiberglass	%	Wood	%	Aluminum	%	Ferro Cement	%		
Type of work:											
Engine	%	Boiler	%	Hull	%	Electrical	%	Painting	%	Welding	%

Do You Perform Gas Freeing Operations?

Yes No *If "yes," no. of vessels gas freed in one year?*

NOTE: If not gas freeing exposures will be expressly excluded from this insurance.

Does the Insured employ one of the following as required?

Full-Time Gas Free Chemist Outside Subcontracted Chemist

If an outside chemist is subcontracted, does the Insured currently require proof of liability insurance

(insurance certificate) from the chemist or his employer in a minimum amount of \$1,000,000 Yes No

No. of Drydocks	No. of Railways	No. of Repair Piers	No. of Vessels Drydocked in Last Year	No. of Vessels Repaired in Yard in Last Year
No. of Vessels Repaired outside of Yard in Last Year		No. of Vessels Hauled out in Last Year		No. of Vessels in Storage Summer: Winter:

AVERAGE VALUE OF VESSEL: \$

MAXIMUM VALUE OF VESSEL: \$

BUILDING CONSTRUCTION

BUILDINGS

CONSTRUCTION MATERIAL (WOOD)

1.	1.
2.	2.
3.	3.
4.	4.

Are buildings sprinklered? Yes No

FIRE PROTECTION

Public Fire Department <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Public Fire Hydrants How Many?	How Far Distant?	Public Fire Mains Size:	Pressure:
Private Fire Protection (If "yes," describe) <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECURITY

How Many Watchman Employed? How Many on Each Shift? Watchlocks? Is yard fenced in, with guard at gate, when yard is operating?
 Yes No Yes No

How long has shipyard been in operation under present management? (Give prior business name, if any)

ATTACH SEPARATE SHEET GIVING NAMES AND PAST EXPERIENCE OF KEY PERSONNEL

GROSS RECEIPTS

Gross Receipts For Past 3 years: \$ _____ YR _____ | \$ _____ YR _____ | \$ _____ YR _____

Loss Experience

Please attach loss experience for the past 5 years with amounts paid and outstanding (including uninsured losses). Loss runs from prior carriers are preferred.

Is released secured limiting liability? Yes No

If "yes," amount: \$ _____

COMMENTS

Agent	Date
Agent's Address	

FURNISH COPY OF PRESENT POLICY AND ANY CONTRACTUAL AGREEMENT WHICH INCREASES THE APPLICANT'S LIABILITY IN ANY WAY

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not oblige me to accept the insurance, nor the company to accept the risk.

Date: _____

Applicants Signature: _____

Time: _____