



Marine

Application for Ship Repairer's Legal Liability Insurance Policy



Name and address

Name of applicant	
Address line one	
Address line two	
City and postcode	
Website address	

Ship Repair Yards

Location one address line one		
Location one address line two		
City and postcode		
Website address		
Location two address line one		
Location two address line two		
City and postcode		
Website address		
Number of years ship repair business under present management		
Number of employees	Full time <input type="text"/>	Part time <input type="text"/>

Please attach brief information about the number of years' ship repairing experience of principals and senior operation personnel.

Percentage of annual ship repairing gross receipts generated by repair of vessels with hulls made of	Steel	<input type="text"/>	%	Wood	<input type="text"/>	%
	Other	<input type="text"/>	%	Specify hull material	<input type="text"/>	
	Hull (non 'Hot Work')	<input type="text"/>	%	Engine	<input type="text"/>	%
Type of work performed	Welding/Burning/ 'Hot Work'	<input type="text"/>	%	Boiler	<input type="text"/>	%
	Painting/Scraping/ Sandblasting	<input type="text"/>	%	Electrical	<input type="text"/>	%

Do you do ship conversion/reconstruction work? Yes No

If Yes, what percentage of annual ship repairing gross receipts does this account for? %



Please advise the following information for each type of vessel worked on

Type of vessel	Number of vessels worked on	Average/maximum vessel value	% of annual GR generated by work on each vessel type

* Put down length and GRT if values not known

Yard location	Average number of vessels in yard	Maximum number vessels yard can accommodate
Number of vessels in yard at any one time		

Please advise the following information for each kind of facility used

Type of facility	Number of each facility type	Year built	Dimension in feet	Capacity in tons
Graving dock				
Floating dry dock				
Marine railway				
Repair pier				

Are any vessels repaired under cover of a repair shed or other shelter?

Yes No

If Yes, what is the published fire and EC rate?

Do you employ, or subcontract in, divers to do work underwater?

Yes No

If Yes, how often

Do you ever do work on navy vessels involving the firing or testing of weapons systems?

Yes No

Does your work ever involve lifting and/or moving vessels using cranes, hoists etc?

Yes No

If Yes, please advise

How many times a year?

Lifting capacity of each crane

Are gas-freeing operations performed at your yard(s)?

Yes No

If Yes, do your own employees or outsiders perform gas-freeing certification work?

If outsiders do the gas-freeing, do you have any contractual liabilities related thereto?



If your own employees do gas-freeing work, please attach a list of their names, professional qualifications and experience.

How many gas-freeings are done annually?

Within how many miles of the yard are following operations performed?	Vessel tests/trials	miles
	Vessel movements in connection with repair operations (such as from one repair pier to another)	miles
	Describe the extent of any assumed contractual liabilities arising out of vessel movements tests or trials	

Describe the nature of any repairs carried out away from the yard

What percentage of your total annual ship-repairing gross receipts does this account for? %

Do you do any work on vessels that is not repair, reconstruction or conversion work? Yes No

If Yes, describe the nature of such work, and note the value of gross receipts it generates

How close is the nearest public fire department station? miles

Please note the number of fire hydrants and their proximity to your yard

Describe fully all private fire protection facilities available, including number of hand-held fire extinguishers and the nature of any sprinkler system

What are the published fire rates at your yard?

What coinsurance percentage are these rates based on? %

Is yard fenced? Yes No

Describe nature of security measures, including watchmen

Please enclose copies of any property insurance surveys done at your yard within the past 18 months, plus diagrams or maps of the yard layout.

Please enclose a copy of your standard contract terms, and of any contracts extending your contractual liabilities beyond the terms of your standard contract.

Please note what percentage of your total ship repairing gross receipts are from work Sub-contracted in % Sub-contracted out %

When performing repair work involving installation of replacement parts, are the parts installed

By your employees alone? Yes No

By your employees under the supervision and direction of a representative of the manufacturer? Yes No



By a representative of the manufacturer? Yes No

Are there existing contracts, indemnities etc, between you and the manufacturer relating to liabilities arising out of installation? Yes No

If Yes, please provide a full copy of the contract(s).

Please provide details of your annual gross receipts for the last seven years

Year	Annual gross receipts

Estimated gross receipts for the next 12 months

\$

Please provide details of all ship repairing losses, insured or not, for the last seven years

Date of loss	Amount of loss* before application of any deductible	State of loss (ie if paid or reserved)	Brief description of circumstances surrounding loss

* Identify legal or investigative fees separately

Limit of liability insurance required

Current insurer

Current insurance broker

Has any insurer ever cancelled or refused to renew your insurance? Yes No

If Yes, please explain

When does your current insurance expire?



Declaration

I/We declare and warrant that the answers and information given in this Application are complete, true and accurate to the best of our knowledge, information and belief. We have not misrepresented, omitted or failed to disclose any material facts that might influence AIG's assessment of the risk. It is understood that AIG' underwriters will rely upon the information and representations set forth above in determining the acceptability and rates and conditions of coverage. It is further understood that the completion of this Application does not bind me/us to accept this insurance or AIG to effect insurance on the risk but if terms are agreed this Application will form part of our insurance policy. It is further noted and understood that I/We am/are under a continuing obligation immediately to notify AIG of any material alteration to the nature, extent or size of the operation described herein and that any material misrepresentation, omission or concealment of information herein will automatically void any insurance policy issued by AIG in reliance upon this Application.

Signature of applicant	<input type="text"/>
Print name	<input type="text"/>
Title	<input type="text"/>
Date	<input type="text"/>
Name of insurance broker/agent	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
City and postcode	<input type="text"/>
Website address	<input type="text"/>



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