



Ship Repairer's Legal Liability Application

This form may be completed by you or your insurance broker. Please provide information for all of the spaces below. Save a copy for your own records, and have your insurance broker submit the completed application to an Aldis underwriter via e-mail.

APPLICATION INFORMATION

Insurance broker:

Applicant's name:

Address:

City: Province:

Postal code: Number of years in business: *All monetary values are in:

Names and past experience of key personnel:

LOCATIONS

Location of yard:

If you do not have a yard, where is the work preformed:

Do you transport third party equipment to and from his own premises: Yes No

If Yes, what is the maximum distance: What type of transportation is used:

Do you use any special equipment to remove third party property from the vessel: Yes No

If Yes, please describe:

Number of facilities:	Dry docks: <input type="text"/>	Railways: <input type="text"/>	Repair piers: <input type="text"/>
	Capacity: <input type="text"/>	Capacity: <input type="text"/>	Capacity: <input type="text"/>

SERVICES

Type of vessels worked upon: Steel: % Wood: % Fiberglass: % Other: %

Type of work preformed: Boiler: % Welding: % Burning: % Electrical: %

Hull: % Painting: % Engine: % Installation of Equipment: %

Please describe fully:

Do you preform gas freeing operations: Yes No If Yes, number of vessels gas freed in 12 months:

In the last 12 months, please state the number of vessels:

Dry docked: Hauled out: Repaired outside of yard: Repaired in yard:

What percentage of the work is done in your yard: %

Do you perform repairs away from repair yard or on vessels while at sea: Yes No

If Yes, please describe:

What is the average value of vessels being worked upon at any on time: \$ Maximum: \$

Is coverage required on stored vessels: Yes No

If Yes, what is the number of vessels in storage the summer months: Winter months:

What is the average value of vessels being stored: \$ Maximum: \$

Are customers required to sign a hold harmless agreement: Yes No

If Yes, please submit a copy.

SPECIAL HAZARDS

Is there an internal security watch: Yes No If 'Yes' how many watchmen

Are watchman employees: Yes No Do you have a fire watch: Yes No

Type of fire protection: Fire pump and tank Fire extinguishers External hydrants Within 5km to fire hall

Is fire department: Paid Volunteer

Please describe any other fire protection:

COVERAGE REQUIREMENTS

Please state the limit of liability you require: \$ (Maximum value of vessels in your care, custody and control)

Are subcontractors employed: Yes No

If Yes, are they required to have their own Ship Repairer's Legal Liability Insurance: Yes No

Do you own or operate any watercraft in connection with ship repairing activities: Yes No

VOLUME

Actual gross freight receipts for this year: \$ Estimated gross freight receipts for next year: \$

Do you have any annual contracts: Yes No

If Yes, please attach.

UNDERWRITING INFORMATION

Name of previous insurer(s):

Have you ever had a previous policy cancelled: Yes No

If 'Yes' please explain:

Premium and loss history for the last 5 years:

Year	Premium paid	Losses paid	Losses outstanding	Details
2006	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2007	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2008	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2009	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2010	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION

Additional information:

Aldis privacy statement:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including, but not limited to, the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the company to assess, underwrite, and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results, and/or comply with regulatory legal requirements.

To the best of our knowledge, the above representations are true and correct.

Date: Applicant's signature:

Broker's signature: