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# SHIP REPAIRER’S LEGAL LIABILITY APPLICATION

#  PLEASE ANSWER ALL QUESTIONS IF THEY DO NOT APPLY, INDICATE “N/A” - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

# Name of Applicant:

# Mailing Address:

# Website Address:

# NATURE OF BUSINESS

# Briefly describe the nature of the facilities – dry docks, marine railways, travel lifts, cranes, etc.:

# Number of years in Business:

# Please describe experience of key employees:

# NATURE OF WORK / REVENUES

# a) Describe vessels worked on – type, and usual size:

# Estimated percentage of:

# Cutting & Welding % Steel % Aluminum % Electrical %

# Mechanical –

# engines, steering % Electronics %

# Cleaning,

# Painting % Other %

* 1. **** Do you do gas freeing? Yes No

* 1. Do you perform hot work on rigs or platforms? Yes No
	2. Are vessels towed? Yes No
	3. Revenue / Receipts (Ship repairing):
		1. Upcoming year Est. £
		2. Current year £
		3. Previous year £
	4. Location of work:
		1. UK %
		2. EU %
		3. Other %

* 1. Do you make delivery trips?

If Yes, maximum distance:

Yes No

* 1. Are vessels towed? Yes No

* 1. Are vessels stored? Yes No

1. PROTECTION
	1. Are you within municipal fire protection? If No, describe fire protection

Yes No

* 1. Is there a watchman on duty when closed? Yes No

* 1. Are the premised fully fenced and lighted? Yes No

* 1. Are contracts signed by all shipowners?

If Yes, please provide a copy of the standard contract.

Yes No

* 1. Are the lifting devices certified annually? Yes No

* 1. Do you have a written policy for hot work procedures? Yes No

* 1. Do you require a dedicated employee to be on fire watch during hot work and for 30 minutes following?

Yes No

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I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

Signature of Applicant (authorized representative) Date

SUBMITTED BY: EMAIL: