SHIP REPAIRER LEGAL LIABILITY INSURANCE APPLICATION

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

SECTION 1 - INFORMATION ON THE APPLICANT

1. Applicant's name:

_____

2. Applicant's address:

_____

3. Phone number: _____

4. Email: _____

5. Location of yard:

_____

6. In the applicant does not have a yard, where is the work performed?

_____

7. Does the Insured transport third party equipment to and from his own premises? ☐ Yes ☐ No
If Yes, please provide the maximum distance of transport and the type of transportation used.

_____

8. Does the Insured use any special equipment to remove third parties' property from the vessel? ☐ Yes ☐ No
If Yes, please describe the equipment.

_____

SECTION 2 - VESSEL TYPES AND WORK PERFORMED

1. Type of vessels

Steel	% _____	Wood	% _____
Fibreglass	% _____	Oil Rigs	% _____

2. Type of word

Boiler	% _____	Engine	% _____
Hull	% _____	Electrical	% _____
Painting	% _____	Burning	% _____
Welding	% _____	Installation of equipment	% _____

Please describe the work in greater detail

_____

3. Does the Insured perform gas-freeing operations? ☐ Yes ☐ No
If Yes, provide the number of vessels gas freed in 12 months _____

4. Does the applicant have a fire watch? ☐ Yes ☐ No

SECTION 3 - FACILITIES

1. Number of facilities
Dry docks _____
Railways _____
Repair piers _____

SECTION 4 - VESSELS WORKED ON

1. For the last 12 months, please indicate the number of vessels that have been:
Dry docked _____ Hauled out _____
Repaired in yard _____ Repaired outsde _____

2. What is the percentage of work done in the Insured's yard? % _____

3. Value of vessels:
Average $ _____
Maximum $ _____

4. Maximum value of vessels being worked on at any one time? $ _____

5. Is coverage required on stored vessels? ☐ Yes ☐ No
If Yes, what is the number of vessels in storage during:
Summer _____
Winter _____

6. Value of stored vessels: $ _____

SECTION 5 - FIRE AND SECURITY

Public fire protection
1. Department ☐ Paid ☐ Volunteer

2. Hydrants
How many? _____
Distance away: _____

3. Mains: _____
Size: _____
Pressure: _____

4. Watchmen
Employed _____ On each shift _____
When not in operation _____ Watch clocks _____

5. Is the yard fenced, with guard at gate when operating? ☐ Yes ☐ No
If No, where is the work done
_____

6. Please describe other protection.
_____

SECTION 6 - PUBLISHD RATES AT YARD

1. Overall blanket fire rate (state percentage of co-insurance for rate given and credit allowed for 90% or 100%)

   _____

2. If you don't have a blanket fire rate, please attach a schedule of fire rates

   _____

SECTION 7 - OPERATIONAL INFORMATION

1. How long has Insured been in business? _____
2. How long has yard been in operation under present management? _____
3. Names and past experience of key personnel

Names	Experience

SECTION 8 - LOSS RECORD

1. Give individual record if losses with amounts paid outstanding in last 10 years.

Losses	Amount paid	Amount O/S

SECTION 9 - GROSS RECEIPTS

1. Estimated gross receipts
   Current year: $ _____
   Last year: $ _____
   Preceding year: $ _____

2. Does the Insured have annual contracts? ☐ Yes ☐ No
   If Yes, please describe.

   _____

SECTION 10 - MISCELLANEOUS

1. Are customers required to sign a "hold harmless" agreement? ☐ Yes ☐ No
   If Yes, please attach a copy.
2. State limit of liability required $ _____
3. Does the insured perform repairs away from repair yard or on vessel while at sea? ☐ Yes ☐ No

4. Are subcontractors employed? ☐ Yes ☐ No
   If Yes, are they required to carry their own ship repairer's legal liability insurance? ☐ Yes ☐ No

5. Does the insured own or operate any watercraft in connection with the ship repairing activities? ☐ Yes ☐ No
   If Yes, you should consider applying for hull & machinery and protection & indemnity insurance. ☐ Yes ☐ No

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

IMPORTANT: This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that to the best of his knowledge the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.