



ACE USA, INC.

# OCEAN MARINE INSURANCE SHIP REPAIRER'S LEGAL LIABILITY APPLICATION

140 Broadway, 40<sup>th</sup> Floor  
New York, NY 10005  
Telephone: 646-458-6825  
FAX: 646-458-6826

Please answer each applicable section, explaining ALL 'Yes' responses:

**I. Name and Address of Applicant and all affiliated companies, domestic and foreign:**

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**II. Address(es) of Ship Repair Yard(s):**

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**III. Number of Years in Business under present management:** \_\_\_\_\_

**IV. Number of Employees:**      **Part Time** \_\_\_\_\_      **Full Time** \_\_\_\_\_

**V. Please attach brief information about the number of years' shiprepairing experience of principals and senior operation personnel.**

**VI. Type of Work Performed:**

<b>Boiler</b>	_____ %	<b>Painting</b>	_____ %
<b>Engine</b>	_____ %	<b>Welding</b>	_____ %
<b>Hull</b>	_____ %	<b>Burning</b>	_____ %
<b>Electrical</b>	_____ %	<b>Conversion</b>	_____ %

**VII. Type of Vessel(s) Worked on:**

Type of Vessel	No. Vessel(s) Annually	Average Value	Maximum Value	% of Annual Gross Receipts

VIII. Number of vessels repaired in the last 12 months: \_\_\_\_\_

IX. Type of Facilities Used:

Type of Facility	No. of Each Facility Type	Year Built	Dimension (In Feet)	Capacity (In Tons)
Graving Dock				
Floating Dry-dock				
Marine Railway				
Repair Pier				

X. Number of Vessels in Yard at Any One Time:

Yard Location	Average No. of Vessels	Maximum No. of Vessels

XI. Are any vessels repaired under cover of a repair shed or other shelter? Yes  or No

If 'Yes', what is the published fire or E.C. rate? \_\_\_\_\_

XII. Does applicant employ, or subcontract in, divers to do work underwater? Yes  or No

If 'Yes', please explain. \_\_\_\_\_

XIII. Does applicant's operations involve lifting and/or moving vessels using cranes, hoists, etc.?

Yes  or No  If 'Yes', please explain. \_\_\_\_\_

A) How Many Times a Year \_\_\_\_\_

B) Lifting Capacity of Each Crane \_\_\_\_\_

XIV. Does applicant do any Gas-Freeing at their location(s)? Yes  or No  If 'Yes', please advise.

a. How many Gas-Freeing's are done annually? \_\_\_\_\_

b. Is Gas-Freeing performed by: Own Employees  Sub-Contractors

1. Are they Certified? Yes  or No

2. If Own Employees, please attach a list of names, professional qualifications and experience.

3. If Sub-Contractors, does applicant have any Contractual Liabilities? Yes  or No

**XV. Does applicant do any work on vessels that is not repair, reconstruction or conversion work?**

Yes  or No  If 'Yes', Please explain.

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**XVI. Breakdown of Gross Receipts:**

Year	Repairs Done at the Yards	Repairs Done Outside the Yards	Sub-Contracted	Total Gross Receipts

**XVII. Describe work performed outside the Assured's shipyards.**

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**XVIII. Safety/Security:**

**A) Describe nature and extent of any fire protection available at the facility, including distances to municipal, county, or other fire department stations, as well as distances to public fire hydrants. Indicate A.I.A. fire protection rating for the area:**

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**B) Describe Security at Facility:    24 hour Watchman     Fully Fenced     Floodlights**

**C) Describe other Security Features at the Facility:** \_\_\_\_\_

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**D) Does Applicant have a Formal Safety Program in effect? Yes  or No  If 'Yes,' please describe and/or attach a copy.**

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**XIX. Loss History: (Please provide hard copy loss runs, if available.)**

Date of Loss	Claimant	Paid Claims	Outstanding Claims	Description of Loss/Comments

**XX. Please provide any up-to-date Surveys, Diagrams or Maps, Sub-Contracts and any other Contracts which extends Assured's contractual liabilities.**

**XXI. Insurance Details:**

- A) Limit of Liability Requested \_\_\_\_\_
- B) Current Deductible \_\_\_\_\_
- C) Current Carrier: \_\_\_\_\_
- D) Current Broker: \_\_\_\_\_
- E) Attachment Date: \_\_\_\_\_

**XXII. Is there other insurance currently written by or submitted to ACE? Yes  or No**   
If 'Yes', Please advise coverage, division & contact.

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*I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the insurer to effect insurance on the risk.*

\_\_\_\_\_  
Broker/Agent's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Company Name/Branch

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date