

**SLOAN MASON APPLICATION
Application For Ship Repairers
Legal Liability Insurance**

Name of Insurance and Business Address _____

List all premises, with complete address, at which vessel repair is performed

A. _____

B. _____

C. _____

How long has yard been in operation under Present Management? A: B: C:	Name of Operations Manager	Age
Experience in this Field	Number of Full Time Employess: _____ Number of Part Time Employees: _____	

OPERATION

(If more than one location is involved, provide the following information on each- Separate Application Recommended)

VESSEL INFORMATION	Tug/Tow Boats	Deck/hopper Barges	Tank Barges	Fishing Vessels	Govt. Vessel	Yachts	OTHER (please Specify Type)		
	Number Repaired Annually								
Average Value of Vessels Repaired									
Highest Value of Vessels Repaired									

Material of hulls worked on: _____ % Steel, _____ % Wood, _____ % Fiberglass

Type of Work performed: _____ % Hull, _____ % Engine, _____ % Electrical
 _____ % Welding, _____ % Burning, _____ % Sandblasting

Any Gas Freeing operations performed? Yes No. Number performed Annually: _____

Number of Railways _____ Capacity _____ Travel Lift Used? Yes No. Capacity _____

Number of Dry Docks _____ Capacity _____ Number of Piers _____ Length _____

Any repairs carried out away from yard? Yes No. If yes, describe: _____

Tests and trials are confined to within _____ miles of yard Towing and shifting of vessels in conjunction with repair operations confined to within _____ miles of the yard.

Number of vessels dry docked during the last 12 months: _____

Number of vessels hauled out during last 12 months: _____

Maximum number of vessels under repair at any one time:

In Yard: _____, In Buildings: _____, At Piers: _____

Normal foreseeable loss by Fire to Vessels under repair:

In Yard: \$ _____, In Buildings: \$ _____, At Piers: \$ _____

Maximum foreseeable loss by Fire to Vessels under repair:

In Yard: \$ _____, In Buildings: \$ _____, At Piers: \$ _____

FIRE PROTECTION

Public Fire Department. Paid Volunteer. How far distant? _____

Distance to nearest Fire Hydrant: _____

Describe private fire protection: _____

SECURITY

Are watchmen always on duty when yard is not in operation? Yes No. Are watchlocks used? Yes No

Is yard entirely fenced? Yes No

GENERAL

Describe construction of all buildings in which vessels are repaired.

Describe extent of any past flooding.

Describe any other commercial activities at his yard.

Is any vessel work subcontracted? Yes No. If yes, describe

If yes, are certificates of Insurance required? Yes No.

LOSS RECORD

Please list all claims last 5 years, including any uninsured losses. Show all losses before application of any deductible.

Date	Description	Amount	
		Paid	Estimated

INSURANCE

What company presently insures you? _____

Has any company cancelled or declined to write or renew this type of insurance? Yes No. If yes, explain. _____

INSURANCE REQUESTED

Limits of Liability Requested: \$ _____ Any one Vessel
 \$ _____ Any one occurrence

Desired effective date: _____

General Comments or Special Insurance Conditions you require:

Applicant's Signature _____ *Agent or Broker* _____

Date _____ *Address* _____