



# Marine Services Liability Policy - Ship Repairers' Legal Liability Application

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## Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

## NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

## I. GENERAL INFORMATION (to be completed by all Applicants)

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

2. List other Named Insureds: \_\_\_\_\_

3. Producer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Producer Contact(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

4. Proposed Policy Term

Proposed Policy Term	From:	To:	Time: (Standard Time)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Is applicant a subsidiary of any other entity or does the applicant have any subsidiaries? ☐ Yes ☐ No

If "Yes" please describe: \_\_\_\_\_

6. Description of operations-nature of business for each Named Insured:

\_\_\_\_\_

7. How many years in business under the present management? \_\_\_\_\_

If less than 3 years please state previous management experience: \_\_\_\_\_

8. All monetary values in this questionnaire are: ☐ CAD ☐ USD

9. Please provide expiring C.G.L./S.R.L.L. Policy Details for last 3 years:

Period	Carrier	Type of Policy	Limit	Deductible	100% Annual Premium
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____

10. Was any policy/coverage declined, cancelled or non-renewed? ☐ Yes ☐ No

If "Yes" please explain: \_\_\_\_\_

11. Sub-Contractors/leased workers: (explain all "Yes" responses):

a. Is any of the applicant's work subcontracted out? ☐ Yes ☐ No

- b. What % of work or revenue is subcontracted out? \_\_\_\_\_ %      \$ \_\_\_\_\_
- c. Under whose direction & control do subcontractors work? \_\_\_\_\_
- d. What is the nature of the work subcontracted out? \_\_\_\_\_
- e. Are certificates of insurance obtained from subcontractors? ☐ Yes ☐ No  
Do subcontractors carry coverages or limits less than yours? ☐ Yes ☐ No
- f. Provide details of contracts wherein you indemnify, hold harmless or release another party from liability.  
\_\_\_\_\_

12. # of full time staff: \_\_\_\_\_ # of part time staff: \_\_\_\_\_

13. (Please explain all responses to any of the below questions)

- a. Does the applicant manufacture, install, service or demonstrate any products? ☐ Yes ☐ No
- b. If yes to question "a" are these products intended for marine industry usage? ☐ Yes ☐ No

Explanation Area for all Responses:  
\_\_\_\_\_

14. Environmental

- a. Give details of storage tanks, number & size, contents, whether above or below ground & when last surveyed:  
\_\_\_\_\_
- b. Do operations involve storing, treating, disposing, or transporting hazardous materials? ☐ Yes ☐ No
- c. Are transporters, handlers, or disposal companies EPA certified & properly insured? ☐ Yes ☐ No
- d. Is there a formal safety program in operation? ☐ Yes ☐ No
- e. Have you during the past 5 years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? ☐ Yes ☐ No

If "Yes" describe in detail:  
\_\_\_\_\_

- f. List all claims made against you during the past 5 years for clean-up or response action, "Toxic Tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutants, from locations owned or operated by you, into the environment. Provide a brief description of all such claims. If none, state "none":  
\_\_\_\_\_

- g. Do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental clean-up or response, or for bodily injury or property damage arising from the release of pollutants into the environment? ☐ Yes ☐ No

If "Yes" describe in detail:  
\_\_\_\_\_

## 15. General Information

Explain all "Yes" responses (for all past or present operations)

- a. Do you own/rent/operate any parking facilities? ☐ Yes ☐ No  
If "Yes" to above, is a fee charged for parking? ☐ Yes ☐ No
- b. Is snow removal sub contracted to a third party? ☐ Yes ☐ No
- c. Is proof of insurance obtained reflecting cover to the same limit being requested? ☐ Yes ☐ No
- d. Do you own any vacant land? ☐ Yes ☐ No
- e. Are there any residential dwellings on your premises? ☐ Yes ☐ No
- f. Is there any exposure to radioactive/nuclear materials? ☐ Yes ☐ No
- g. Are there any structural alterations contemplated? ☐ Yes ☐ No
- h. Are there any demolition operations contemplated? ☐ Yes ☐ No
- i. Do you perform any blasting or use explosives? ☐ Yes ☐ No
- j. Have there been any operations sold, acquired or discontinued in last 5 years? ☐ Yes ☐ No

If yes, please list the products and/or operations involved \_\_\_\_\_

- k. Has the applicant been active in or is currently active in joint ventures? ☐ Yes ☐ No
- l. Is the applicant a non-subscriber to any State, Provincial and/or Federal workers compensation statutes? ☐ Yes ☐ No
- m. Has the applicant or any predecessor company filed for bankruptcy protection in the last 5 years? ☐ Yes ☐ No
- n. Do you loan or rent any machinery or equipment to others? ☐ Yes ☐ No
- o. Does the applicant use any mobile equipment? ☐ Yes ☐ No
- p. Do you own hire or lease any docks or floats? ☐ Yes ☐ No
- q. Does the applicant own, operate, lease, borrow or charter any watercraft? ☐ Yes ☐ No

If "Yes" are all watercraft in above separately covered by protection and indemnity insurance? (If "Yes" designate below the P&I coverage form used. If "No" explain below)

- r. Does the applicant employ or utilize the services of any commercial divers? ☐ Yes ☐ No
- s. Does the applicant draw plans, designs or specifications? ☐ Yes ☐ No
- t. Does the insured purchase E&O and D&O insurance? ☐ Yes ☐ No
- u. Does the applicant purchase coverage excess of this insurance? (If "Yes" designate below the total limits purchased). ☐ Yes ☐ No

- v. Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage.

☐ Yes ☐ No

Explanation area for all "Yes" responses

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## II. SHIP REPAIRERS' LEGAL LIABILITY

1. Location of Yard(s): \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Breakdown of repairs by the following types of work:

Hull Repairs: \_\_\_\_\_% Machinery: \_\_\_\_\_% Hydraulics: \_\_\_\_\_%

Welding: \_\_\_\_\_% Electrical: \_\_\_\_\_% Gas Freeing: \_\_\_\_\_%

Boiler Work: \_\_\_\_\_% Painting: \_\_\_\_\_% Other: \_\_\_\_\_%

4. a. If gas freeing operations are carried out, state number of vessels gas freed last year: \_\_\_\_\_

Does the applicant employ a full-time gas free chemist:

☐ Yes ☐ No

Does the applicant employ an outside sub-contracted chemist:

☐ Yes ☐ No

Does the applicant strictly adhere to the rules & regulations of the national fire protection agency applicable to work on vessels which have carried combustible liquid in bulk, as fuel or as cargo?

☐ Yes ☐ No

If "No" please explain:

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b. Is work ever done on a vessel while in transit?

☐ Yes ☐ No

5. Type of vessels worked on:

☐ Government Vessels ☐ Commercial "Blue Water" ☐ E-Boat

☐ Pleasure Craft ☐ Commercial "Brown Water" ☐ Other: Please specify: \_\_\_\_\_

Do you require Dept. of Defense Endorsement?

☐ Yes ☐ No

Give details of any contractual liability limitation agreements related to your standard repair contract:

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6. Vessel Repair Details:

No. of vessels in repair yard last year: \_\_\_\_\_

No. of vessels repaired outside the yard last year: \_\_\_\_\_

Average value of vessel: \$ \_\_\_\_\_ Maximum value of vessel: \$ \_\_\_\_\_

7. Please describe any other work (work other than ship repair): Gross Receipts: \$ \_\_\_\_\_

Give full details of other work:

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8. What is the percentage of work carried out away from the applicant's premises where the vessel, craft, or equipment being worked on may be considered in somebody else's care custody and control? \_\_\_\_\_ %

9. Give details of owned, hire or leased watercraft, docks or floats used during repair operations:

Vessel	Year Built	Dimensions	GRT
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

10. How many employees does the applicant have?

What is the gross payroll? \_\_\_\_\_

11. Fire Protection:

a. Public Fire dept: ☐ Paid ☐ Volunteer How far distant? \_\_\_\_\_ KM

b. How many public fire hydrants? \_\_\_\_\_ Approximately how far from each building? \_\_\_\_\_

c. Are buildings sprinklered? ☐ Yes ☐ No

d. Are any other fire protection measures taken? ☐ Yes ☐ No

If "Yes" please describe

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12. Security:

a. Is a watchman employed? ☐ Yes ☐ No

No. Employed: \_\_\_\_\_ No. each shift: \_\_\_\_\_ On Duty 24 hours: ☐ Yes ☐ No

b. Is the location fenced with a guard at the gate at all time when operating? ☐ Yes ☐ No

c. Is the facility lighted? ☐ Yes ☐ No

d. Does the yard have a security alarm fitted? ☐ Yes ☐ No

e. Are any other security measures taken?

☐ Yes ☐ No

If "Yes" please describe

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13. Describe all property adjacent to the yard: \_\_\_\_\_

14. Gross receipts for past 3 years:

\$ \_\_\_\_\_ 20 \_\_\_\_\_

\$ \_\_\_\_\_ 20 \_\_\_\_\_

\$ \_\_\_\_\_ 20 \_\_\_\_\_

\$ \_\_\_\_\_ Estimated for current year: \_\_\_\_\_

15. Has any insurance company ever cancelled or declined to issue or renew this form of insurance for this applicant.

☐ Yes ☐ No

If "Yes" please explain:

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Please use this for additional informaiton:

DETAIL LOSS HISTORY:

(FIVE YEARS PLUS CURRENT YEAR – IF NO LOSSES FOR ANY GIVEN YEAR STATE “NO LOSSES”)

Policy Year	Date of Loss	Claimant	Nature & Description of Loss	Open or Closed	Deductible	Loss & Expense Paid	Reserve O/S	Total Claim (Net Of D/A)
					\$	\$	\$	\$
					\$	\$	\$	\$
					\$	\$	\$	\$
					\$	\$	\$	\$
					\$	\$	\$	\$
					\$	\$	\$	\$
					\$	\$	\$	\$
					\$	\$	\$	\$

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

APPLICANT

By: \_\_\_\_\_

Signature and Title\*Printed Name of Authorized Representative

Date: \_\_\_\_\_

**\* This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.