



# Shipairers' 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: \_\_\_\_\_

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

## 2. Proposed Policy Term

From	To	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

4. Address: \_\_\_\_\_

## 5. Breakdown of repairs by the following types of work:

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

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

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

6. 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 ☐ NoDoes the applicant employ an outside sub-contracted chemist: ☐ Yes ☐ NoDoes 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:

\_\_\_\_\_

b. Is work ever done on a vessel while in transit? ☐ Yes ☐ No

## 7. 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:

\_\_\_\_\_

\_\_\_\_\_

## 8. 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: \$ \_\_\_\_\_

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

Give full details of other work:

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10. 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? \_\_\_\_\_ %

11. 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	_____	_____	_____

12. How many employees does the applicant have?

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

13. 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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14. 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

\_\_\_\_\_

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

16. Gross receipts for past 3 years:

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

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

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

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

17. 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:

\_\_\_\_\_

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.