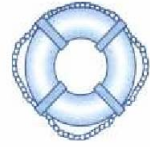


**Application for:
Ship Repair's Legal Liability**

Merrimac Marine Insurance, LLC

PO Box 948279
Maitland, FL 32794
PH: (407) 647.1296
FX: (407) 647.4508
submissions@merrimacins.com



POLICY TO BE ISSUED IN THE NAME OF:			PRODUCER'S NAME:		
MAILING ADDRESS			AGENCY'S ADDRESS:		
CITY	STATE	ZIP	CITY	STATE	ZIP
REQUESTED EFFECTIVE DATES: FROM TO			PRODUCER PHONE NUMBER:		PRODUCER FAX NUMBER
INSURED IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION					
TAX ID / SSN					

APPLICATION INFORMATION

- PLEASE ATTACH**
- A) SALES BROCHURE DESCRIBING THE APPLICANT'S PRODUCTS
 - B) COPIES OF STORAGE AND RENTAL AGREEMENTS, IF APPLICABLE
 - C) LOSS HISTORY FOR THE LAST FIVE YEARS
 - D) ACORD APPLICATIONS
 - E) BRIEF DESCRIPTION OF SHIP REPAIRING EXPERIENCE FOR PRINCIPALS AND SENIOR MANAGEMENT

WHEN SUBMITTING THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY. IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY PLEASE STATE "N/A" IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY PLEASE ATTACH A SEPARATE SHEET (OR EMAIL IF BEING SUBMITTED ELECTRONICALLY) AND IDENTIFY THE QUESTION TO WHICH IT RESPONDS.

LEAVE NO SPACES BLANK

GENERAL INFORMATION

1. BUSINESS OF APPLICANT:

2. NUMBER OF YEARS IN BUSINESS:

3. LIST ALL PHYSICAL LOCATIONS:

LOCATION #1:	ADDRESS:	CITY:	ST:	ZIP:
LOCATION #2	ADDRESS:	CITY:	ST:	ZIP:
LOCATION #3	ADDRESS:	CITY:	ST:	ZIP:

4. DOES APPLICANT HAVE ANY DIVISIONS OR AFFILIATES NOT TO BE INSURED HEREUNDER? YES NO
IF YES, PLEASE NAME AND DESCRIBE:

5. HAS THE APPLICANT HAD ANY INSURANCE POLICY DECLINED, CANCELLED, OR NON-RENEWED DURING THE PRIOR 3 YEARS? YES NO
IF YES, PLEASE GIVE DETAILS:

6. DOES THE APPLICANT HAVE ANY KNOWLEDGE OF ANY FACTS, WHICH MIGHT GIVE RISE TO A CLAIM UNDER THESE POLICIES? YES NO
IF YES, PLEASE GIVE DETAILS:

7. HAS THE APPLICANT EVER DECLARED BANKRUPTCY? YES NO DETAILS:

8. NUMBER OF YEARS UNDER CURRENT MANAGEMENT:

9. NUMBER OF EMPLOYEES: FULL TIME # PART TIME: #

10. IS A FORMAL SAFETY PROGRAM IN EFFECT? YES NO DESCRIBE:

SHIP REPAIR'S LEGAL LIABILITY

LIMITS REQUESTED	LIMITS OF LIABILITY REQUESTED	\$
	DEDUCTIBLE REQUESTED	\$

VESSELS REPAIRED OVER LAST 12 MONTHS	TOTAL NUMBER OF VESSELS REPAIRED	#	NUMBER OF VESSELS REPAIRED OUTSIDE YARD	#
	AVERAGE VALUE OF VESSELS REPAIRED:	\$	MAXIMUM VALUE OF VESSELS REPAIRED:	\$

EXPOSURES	BREAKDOWN OF GROSS RECEIPTS				
	YEAR	REPAIRS DONE AT THE YARDS	REPAIRS DONE OUTSIDE THE YARDS	TOTAL GROSS RECEIPTS	
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

DESCRIPTION OF FACILITIES	ARE ANY VESSELS REPAIRED UNDER COVER OF A REPAIR SHED OR OTHER STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	IF "YES" WHAT IS THE PUBLISHED FIRE OR E.C. RATE?			
	DESCRIBE THE NATURE AND EXTENT OF ANY FIRE PROTECTION AVAILABLE:			
	DESCRIBE SECURITY PROVIDED: <input type="checkbox"/> 24 HOUR WATCHMAN <input type="checkbox"/> FULLY FENCED <input type="checkbox"/> FLOODLIGHTS			
	<input type="checkbox"/> OTHER:			
	NUMBER OF VESSELS IN YARD AT ANY ONE TIME			
	YARD LOCATION	AVERAGE NUMBER OF VESSELS	MAXIMUM NUMBER OF VESSELS	
	TYPES OF FACILITIES USED			
	TYPE OF FACILITY	NUMBER OF EACH FACILITY TYPE	YEAR BUILT	DIMENSION (IN FEET)
GRAVING DOCK	#			
FLOATING DRY-DOCK	#			
MARINE RAILWAY	#			
REPAIR PIER	#			
	#			
	#			
DESCRIBE PROPERTY ADJACENT TO THE YARD(S):				
PLEASE INCLUDE ANY ADDITIONAL INFORMATION REGARDING THE PREMISES: (I.E. SPECIAL CONSIDERATIONS OR CONCERNS)				

DESCRIPTION OF OPERATIONS

ANY WORK PERFORMED THAT IS NOT CONSIDERED REPAIR, RECONSTRUCTION OR CONVERSION? YES NO
 IF "YES" PLEASE DESCRIBE:

ANY WORK PERFORMED OUTSIDE OF THE APPLICANT'S SHIPYARDS? YES NO
 IF "YES PLEASE DESCRIBE:

DOES APPLICANT EMPLOY, OR SUBCONTRACT IN, DIVERS TO DO WORK UNDERWATER? YES NO
 IF "YES" PLEASE DESCRIBE:

DOES OPERATIONS INVOLVE LIFTING AND/OR MOVING VESSELS USING CRANES, HOISTS ETC? YES NO
 HOW MANY TIMES PER YEAR? _____ LIFTING CAPACITY OF EACH CRANE: _____
 IF "YES" PLEASE DESCRIBE:

TYPE OF WORK PERFORMED

BOILER	%	ELECTRICAL	%	HULL	%	PAINTING	%
BURNING	%	ENGINE	%	HYDRAULICS	%	WELDING	%
CONVERSION	%	GAS FREEING	%	MACHINERY	%	OTHER	%

DOES APPLICANT DO ANY GAS-FREEING AT THEIR LOCATION? YES NO
 HOW MANY GAS-FREEING'S ARE DONE ANNUALLY? # _____
 IS GAS-FREEING PERFORMED BY: OWN EMPLOYEES SUB-CONTRACTORS
 ARE THEY CERTIFIED? YES NO IF OWN EMPLOYEES ARE PERFORMING PLEASE ATTACH LIST OF NAMES AND PROFESSIONAL QUALIFICATIONS.
 IF SUB-CONTRACTORS, DOES APPLICANT HAVE ANY CONTRACTUAL LIABILITIES? YES NO

TYPE OF VESSEL(S) WORKED ON

TYPE OF VESSEL	% OF GROSS RECEIPTS	NUMBER OF VESSELS ANNUALLY	AVERAGE VALUE	MAXIMUM VALUE
COMMERCIAL "BLUE WATER"	%	#	\$	\$
COMMERCIAL "BROWN WATER"	%	#	\$	\$
MARAD	%	#	\$	\$
PLEASURE CRAFT	%	#	\$	\$
US NAVY	%	#	\$	\$
OTHER	%	#	\$	\$
OTHER	%	#	\$	\$

WATERCRAFT, DOCKS & FLOATS

OWNED, HIRED OR LEASED WATERCRAFT, DOCKS OR FLOATS USED DURING REPAIR OPERATIONS

VESSEL	YEAR BUILT	DIMENSIONS	GRT

LOSS HISTORY: PLEASE ATTACH A LOSS HISTORY FOR EACH OF THE LAST FIVE YEARS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME

APPLICANTS SIGNATURE: _____ DATE: _____