



OCEAN MARINE SHIPWRIGHT PROGRAM INSURANCE APPLICATION

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.

1. Name of applicant 2. Applicant Web site
3. Applicant address (No., Street, City, State, Zip Code, Country) 4. Telephone no.
5. Policy period: From: To: Billing: Type: [] Agency [] Direct Option: [] Full Pay [] 2 Pay [] 10 Pay

GENERAL INFORMATION

6. Is your operation owner operated? [] Yes [] No
7. Please indicate the form of your business: [] Individual [] Partnership [] Joint venture [] Limited liability company [] Corporation [] Other
8. Do you perform any of the following Non-Marine work? a. Pollution containment or abatement exposure [] Yes [] No b. Landside utility work [] Yes [] No c. Buying or selling motor vehicles [] Yes [] No d. Landside construction [] Yes [] No e. Automobile, recreational vehicles (snowmobile, motorcycle, etc.) repair or service? [] Yes [] No f. Gas freeing? [] Yes [] No g. Marine dredging or marine construction? [] Yes [] No
9. Do your operations include any diving/in-water exposure? [] Yes [] No
10. Do you own any vessels? [] Yes [] No
11. Which of the following Marine work do you perform? a. Vessel engine repair and maintenance? [] Yes [] No b. Vessel carpentry and finish work? [] Yes [] No c. Vessel electronics and electrical work? [] Yes [] No d. Canvas, sail and rigging work? [] Yes [] No e. Hull cleaning services? [] Yes [] No f. Hull repair work, fiberglass patching, painting, wood work? [] Yes [] No g. Winterizing of vessels? [] Yes [] No
12. Do you act as a marine surveyor, engineer or architect? [] Yes [] No
13. Do you own any of the following: a. [] Dry-dock b. [] Marine railways c. [] Marine repair piers
14. Gross receipts (Please provide gross receipts for the past three years): a. \$ _____ Year _____ b. \$ _____ Year _____ c. \$ _____ Year _____
15. What percent of the total receipts are generated from non-marine work? _____ %
16. Has any insurance company declined, canceled or non-renewed your company's policy or coverage during the past three years? [] Yes [] No
17. What was your total payroll for last year? \$ _____
18. What is your projected payroll for the next 12 months? \$ _____

GENERAL INFORMATION - VESSELS

19. Type of vessels worked on (check all that apply and percentages)
 Steel _____% Fiberglass _____% Wood _____% Aluminum _____% Ferro Cement _____%
20. Type of work (check all that apply and percentages)
 Engine _____% Boiler _____% Hull _____% Electrical _____% Painting _____% Welding _____%
21. No. of vessels hauled out last year _____ 22. Average \$ value of vessels _____ 23. Maximum \$ value of vessels _____

FIRE PROTECTION AND SECURITY

24. Location of owned or leased yard (No., Street, City, State, Zip Code, Country) _____
25. No. of vessels repaired in yard last year _____ 26. No. of vessels repaired outside of yard last year _____ 27. No. of vessels in storage _____
28. Is the public fire department paid or volunteer? _____
29. How many public fire hydrants are on location? _____
 a. What is the distance? _____
30. Do you have private fire protection? Yes No
 If yes, please describe _____
31. Is yard fenced in? Yes No
32. How long has shipyard been in operation under present management? (Give prior business name if any) _____
33. Is area locked entry or restricted entry? _____

LOSS EXPERIENCE

34. List loss experiences for the past 5 years with amounts paid and outstanding (including uninsured losses):
 If you have been in business less than three years, a resume demonstrating three years of experience in the trade is required. Please attach.

Date of Loss	Description	Amount
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
d. _____	_____	\$ _____
e. _____	_____	\$ _____

SHIP REPAIRER'S LIABILITY SUPPLEMENTARY QUESTIONNAIRE

35. Do you navigate vessels for trials/trips? Yes No
 If yes, what is the maximum distance? _____
36. Do your employees perform work off premises? Yes No
 If yes, describe: _____

COVERAGE OPTIONS

37. Do you wish to increase the limit of Miscellaneous Property from \$5,000 to \$10,000 for an additional premium of \$150? Yes No
38. Do you wish to purchase Sudden and Accidental Pollution coverage for an additional premium of \$200? Yes No
39. Additional named assureds.
 a. Please provide a list of all additional named assureds.
 b. Every additional named assured in excess of 10 will be added at an additional premium of \$75 each.
40. Do you wish to purchase TRIA coverage for an additional premium of \$50? Yes No
 (Please see the attached **DISCLOSURE NOTICE**)

**TRIA DISCLOSURE NOTICE -
OFFER OF TERRORISM INSURANCE COVERAGE**

Pursuant to the Terrorism Risk Insurance Act of 2002, a quote for coverage for certified acts of terrorism, as defined by the Act, is shown below.

You should know that, effective November 26, 2002, any coverage provided by this policy for losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

There is a cap on our liability to pay for such losses if the aggregate amount of insured losses under the Terrorism Risk Insurance Act of 2002 exceeds \$100,000,000,000 during the applicable period for all insureds and all insurers combined. In that case, we will not be liable for the payment of any amount which exceeds that aggregate amount of \$100,000,000,000.

The premium for coverage for certified acts of terrorism, as defined by the Act, is: \$50.00

Important Note: The premium for your terrorism coverage is subject to change if you accept this quote and your policy is subsequently renewed with us.

This premium does not include any charges for the portion of loss covered by the Federal Government under the Act.

Prior to the binding of coverage for your policy or policies, please inform your agent or broker if you would like to purchase coverage for certified acts of terrorism by marking Yes or No to question 40.

FRAUD WARNING [Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah, or Vermont]: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

HAWAII FRAUD WARNING: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

REQUIRED COMPLETION - READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

Applicant's Signature X	Date
Agent's Signature X	Date