



# SHARJAH INSURANCE COMPANY

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## APPLICATION FOR SHIP REPAIRER'S LEGAL LIABILITY INSURANCE

PLEASE ANSWER ALL QUESTIONS USING BLOCK CAPITALS

1. Name and Address of Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Address(es) of shiprepair yard(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Number of years in shiprepair business \_\_\_\_\_  
under present management: \_\_\_\_\_

4. Number of Employees a) full time \_\_\_\_\_ b) part-time \_\_\_\_\_

5. Please attach brief information about the number of your shiprepairing experience of principals and senior operation personnel.

6. Percentage of annual shiprepairing gross receipts generated by repair of vessels with hulls made of a) Steel \_\_\_\_\_ % b) Wood: \_\_\_\_\_ %  
b) Others, specify hull material: \_\_\_\_\_ %

7. Type of work performed:  
Hull (Non - "Hot Work") \_\_\_\_\_ % Engine \_\_\_\_\_ %  
Welding/Burning/"Hot Work" \_\_\_\_\_ % Boiler \_\_\_\_\_ %  
Painting/Scraping/Sandblasting \_\_\_\_\_ %  
Other \_\_\_\_\_ %

8. Do you do ship conversion/reconstruction work? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", what percentage of annual shiprepairing gross receipts does this account for \_\_\_\_\_ %

9. Please advise the following information for each type of vessel worked on:

Type of Vessel	No. of Vessels Worked On	Average/Maximum Vessel Value*	% of Annual G.R. generated by work

\*Put down length and G.R.T., If values not known

10. Number of vessels in yard at any one time

Yard Location	Average No. of Vessels In Yard	Maximum No. of Vessels Yard Can Accommodate

11. Are my vessels repaired under cover of a repair shed or other shelter?

Yes \_\_\_\_\_ If "Yes", what is the published fire and E.C. rate? \_\_\_\_\_

12. Do you employ, or subcontract in, divers to do work under water?

Yes \_\_\_\_\_ No \_\_\_ If "Yes", how often? \_\_\_\_\_

13. Do you ever do work on navy vessels involving the firing or testing of weapons systems?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Does your work ever involve lifting and/or moving vessels using cranes, hoists, etc.?

Yes \_\_\_\_\_ No \_\_\_ If "Yes", please advise

a) How many times a year \_\_\_\_\_

b) Lifting capacity of each crane \_\_\_\_\_

15. a) Are gas-freeing operations perfo Yes \_\_\_\_\_ No \_\_\_\_\_

b) If "Yes", do your own employees or outsiders performs gas-freeing certification work?

c) If your own employees do gas freeing work, please attach a list of their names, professional qualifications and experience.

d) How many gas freeings are done usually? \_\_\_\_\_

16. Within how many miles of the yard are following operations performed?

a) Vessel Tests/Trials: \_\_\_\_\_ miles.

b) Vessel movements in connection with repair operations  
(such as from one repair pair to another): \_\_\_\_\_ miles

17. a) Describe the nature of any repairs carried out away from the yard.

\_\_\_\_\_

b) What percentage of your total annual shiprepairing gross receipts does this  
account for? \_\_\_\_\_ %

18. Do you do any work on vessels that is not repair, reconstruction or conversion work?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", describe the nature of such work and note  
the value of gross receipts it generates.

\_\_\_\_\_

\_\_\_\_\_

19. a) How close is the nearest Public Fire Department Station? \_\_\_\_\_ miles

b) Is Public Fire Dept: \_\_\_\_\_ paid, or \_\_\_\_\_ volunteer?

c) Please note the number of fire hydrants and their proximity to your yard.

\_\_\_\_\_

d) Describe fully all private fire protection facilities available, including number of  
hand-held fire extinguishers and the nature of any sprinkler system

\_\_\_\_\_

e) Describe fully safety procedures for "hot work".

\_\_\_\_\_

20. a) Is yard fenced? Yes \_\_\_\_\_ No \_\_\_\_\_

b) Describe nature of security measures, including watchmen.

\_\_\_\_\_

\_\_\_\_\_

21. Please enclose copies of any property and/or liability insurance surveys done at your yard  
within the past 18 months, plus diagrams or maps of the yard lay out.

22. Please enclose a copy of the yards safety and procedural manual.

23. Please note what percentage of your total ship repairing gross receipts from work:

a) Sub-contracted in \_\_\_\_\_ %  
b) Sub-contracted out \_\_\_\_\_ %

24. Please provide details of your annual gross receipts for the last 7 years.

Year	Annual Gross Receipts

25. Estimated gross receipts for the next 12 months. \_\_\_\_\_

26. Please provide details of all shiprepairing losses, insured or not, for the last 7 years.

Date of Loss	Ammount of Loss* Before Application of any Deductible	Status of Loss (i.e if paid or reserved)	Brief Description of Circumstances Surrounding Loss

27. Limit of liability insurance required. \_\_\_\_\_

28. Current Insurer \_\_\_\_\_

29. Current Insurance Broker \_\_\_\_\_

30. Has any Insurer ever cancelled or refused to renew your insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please explain

\_\_\_\_\_  
\_\_\_\_\_

31. When does your current insurance expires? \_\_\_\_\_

*I understand that the above information and supplemental information enclosed, which is correct to the best of knowledge, is to be the basis of insurance if a policy is issued, but does not obligate me to accept the insurance nor oblige the Insurer to effect insurance on the risk.*

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

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