

SHIP REPAIRER'S LIABILITY  
PROPOSAL FORM



Please complete or have your authorised insurance broker complete on your behalf, and return this proposal form to [info@asosins.com](mailto:info@asosins.com).

**GENERAL INFORMATION**

**Company Name & Address:**

**Date Company Established**

**Website**

**How long has the business been in operation? Please state any professional qualifications that the management have:**

**How many people do you employ?**

**CLAIMS EXPERIENCE**

**In the past 5 years, have any claims been made?**

**If Yes, please provide the following details of each incident:**

Date of Incident	Description of Claim	Total payments including costs	Total Outstanding Reserves	Open/ Closed

**Have all claims been notified to Insurers?**

**GENERAL INFORMATION**

Please state the Limit of Liability that you require?

Currency:

Amount:

What terms of business do you operate under? (e.g. Ship and Boat Builders National Federation conditions)

Please provide a brief description, including type, age, capacity and condition of:

- Buildings:
- Slipways
- Repair docks
- Other, please state
- Which of these do you own?

- Please provide details of all cranes, hoists, lifts, marine railways, their age and when last surveyed:

Are the statutory requirements for their inspection adhered to?

YES  
NO

Item	Age	Date last Surveyed

- Please state the type of repair work you carry out:

Hull (no-Hot Work)	Engine
Welding/Burning (Hot)	Boiler
Electrical	Painting
Sandblasting	Other

- Please state the following for all mooring and slip rental:

Number of slips:

Number rented out:

Number under cover:

Number of docks:

Number of slips at each dock:

Type of moorings:

Number of moorings:

Number rented out:

- How many of the slips or moorings available were rented out during the last year for layup storage afloat?
- Are any fuelling operations carried out? If Yes, what is the nature (petrol, diesel etc.):
- Please describe methods and equipment used for hauling and launching:

Design:

Power:

Rated capacity:

Size:

Moveable or stationary:

- Please state the number of boats hauled out in the last year:
- Please state the largest size vessel in tonnage and the estimated value that you:

	Tonnage	Value
Work on		
Slip or haul up		
Provide moorings for		
Provide mud berths for		
Average Number		

- Please state the number of vessels in the repair yard at any one time:

Maximum Number:

Average Number:

- Please advise the percentage of annual gross receipts for each type of vessel worked on and the hull construction:

Vessel Type	Material	%
	Steel	
	Wood	
	GRP	
	Other	

- Please advise the percentage of annual gross receipts for the following activities:

Mooring/slip rental:	%
Hauling out and launching:	%
Fuelling:	%

- Please provide details of your annual gross receipts for the last 4 years:

Year	Gross Receipts

**Estimated Gross Receipts for the next 12 months (including sub-contracted work)**

- Do you sell vessels either owned by you or on behalf of others? YES /NO  
If Yes, are these insured elsewhere?
- Do you build new vessels? YES /NO  
If Yes, are special building policies issued?
- Do you undertake ship conversion or reconstruction work? YES /NO  
If Yes, what percent of annual ship repairing gross receipts does this represent?
- Do you do work on vessels that is not repair, conversion or reconstruction work? YES /NO  
If Yes, please describe the nature of work involved and state the percentage of annual ship repairing gross receipts that this represents:

- Is any work conducted away from the yard?  
If Yes, please state the locations including the type of work carried out, and the percentage of annual ship repairing gross receipts that this represents:

- Do you carry out any other incidental work of a non-marine nature? YES /NO
- Is cargo ever discharged from or contained in vessels being worked on, or in the care, custody or control of the yard? YES /NO

- Do you sub-contract out any part of your work? YES / NO  
If Yes, on what conditions are the sub-contractors employed and for what work:

- What percentage of annual gross receipts does this represent?
- Do you own any mechanically propelled marine craft?
- Do you engage in towage?  
If Yes to either of the previous two questions, are these insured elsewhere?
- Are your docks, repair berths etc. tidal?
- Do craft being repaired take the ground at low tide?
- Please describe the state and type of berth:
- Is any work carried out on American and/or Canadian vessels?  
If Yes, please state the percentage of your turnover that results from this type of work:

#### MARINE LIABILITY RISK MANAGEMENT

Please give details of the disposal of flammable waste, including frequency and means:

How close is the nearest public fire station?

Please give details and types of all fire extinguishers at the premises and/or yard:

Are you on a mains hydrant system?

YES / NO

Are gas-freeing operations at your yard?

YES / NO

If Yes, do your own employees or sub-contractors perform the work?

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

How many gas-freeing operations are carried out annually?

Do you employ your own night watchmen?

Are your premises within a properly maintained and recognised security fence?

## Declaration and Signature

On behalf of all proposed insureds, I/we declare and agree that:

- a) all information provided in this proposal and attachments is true and complete in every respect and that no material facts remain undisclosed;
- b) it is understood that the insurer(s) require this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/ us to have access to and request the correction of any information retained;
- c) the insurer(s) is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- d) the insurer(s) is authorised to check details against the insurance claims register and to place information on the insurance claims register which other insurers can access;
- e) the insurer(s) is authorised to obtain from other parties any information which may be relevant to acceptance of this risk;
- f) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by the insurer(s). However, if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance.

Signature:

Company Stamp:

Date: