

Ship Repairers Liability Questionnaire

Broker trading name: Telephone number:

Broker contact person: E-mail:

Insured's trading name: Insured VAT number:

Insured physical address: Postal code:

Name and address of any subsidiary, affiliated or associated companies which you wish to include in the insurance:

Telephone number: E-mail:

Website:

1. Location of premises/yard:

2. Nature of work undertaken i.e. repairs, conversions, new buildings etc.

(a) Do you specialise in specific lines of work on certain types of vessels? Yes No

(b) Do you carry out 'hot work'? Yes No

(c) Is any gas freeing carried out? Yes No

(d) Do you carry out trials? Yes No

3. Do you operate the following? If so give brief details of type, age and capacity:

(a) Slipways Yes No

(b) Dry-dock Yes No

(c) Marine railway Yes No

(d) Grids Yes No

(e) Cranes Yes No

(f) Hoists Yes No

4. Please state the:

(a) Largest vessel (gross tonnage) worked on:

(b) Please state types of vessels worked on e.g. coasters, tugs, tankers etc.
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(c) Maximum number of vessels in the yard at any one time:

