

This Application is submitted to Travelers Insurance Company of Canada ("TICC") and St. Paul Fire and Marine Insurance Company ("SPFM"). In the event a policy of insurance is issued by TICC, any references to SPFM shall be inapplicable. In the event a policy is issued by SPFM, then (i) any references to TICC shall be inapplicable, and (ii) for purpose of the Insurance Companies Act (Canada), this document is issued in the course of SPFM's insurance business in Canada.

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. Please complete one application for each location separately and attach the following papers.

1. Name of Applicant		2. Applicant Web Site
3. Applicant Address (No., Street, City, Province, Postal Code, Country)		4. Telephone No.
5. Policy Period: From: _____ To: _____	6. Limits Required	7. Deductible Required

GENERAL INFORMATION - VESSELS

8. Location of yard (No., Street, City, Province, Postal Code, Country)

9. Type of vessels worked upon (check all that apply and percentages)
 Steel _____ %
 Fiberglass _____ %
 Wood _____ %
 Aluminum _____ %
 Ferro Cement _____ %

10. Type of work (check all that apply and percentages)
 Engine _____ %
 Boiler _____ %
 Hull _____ %
 Electrical _____ %
 Painting _____ %
 Welding _____ %

11. Do you perform gas freeing operations?
 Yes No *If yes, number of vessels gas freed in one year? _____*
If no, gas freeing exposures will be expressly excluded from this insurance.

12. Does the insured employ one of the following as required?
 Full-time gas free chemist Outside subcontracted chemist
 If an outside chemist is subcontracted, does the Insured currently require proof of liability insurance (insurance certificates) from the chemist or his employer in a minimum amount of \$1,000,000? Yes No

13. No. of drydocks	14. No. of railways	15. No. of Repair Piers
16. No. of vessels drydocked in last year	17. No. of vessels repaired in yard in last year	
18. No. of vessels repaired outside of yard in last year	19. No. of vessels hauled out in last year	20. No of vessels in storage
21. Average \$ value of vessel	22. Maximum \$ value of vessel	

CO-INSURANCE FIRE RATES

23. Give separate 100% Co-Insurance Fire Rates of all buildings:

Building Identification	Contents	Sprinklered
a. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

FIRE PROTECTION AND SECURITY

24. Is the Public Fire Department Paid or Volunteer?

25. How many Public Fire Hydrants are on location?

a. What is the distance?

26. What is the size of the Public Fire Mains? _____
 a. What is the pressure of the mains? _____
27. Do you have Private Fire Protection? Yes No
If yes, please describe: _____

28. How many watchmen are employed? _____
 a. How many are on each shift?..... _____
 b. Do you have watchblocks? Yes No
29. Is yard fenced in, with guard at gate, when yard is operating? Yes No
30. How long has shipyard been in operation under present management? *(Give prior business name if any)*..... _____
31. Is area locked entry or restricted entry? Yes No
32. Key Personnel: *Attach separate sheet giving names and past experience of key personnel.*
33. Gross Receipts *(Please provide gross receipts for the past three years):*
 a. \$ _____ Year _____ b. \$ _____ Year _____ c. \$ _____ Year _____
 b. Estimated gross receipts for the next 12-month period..... \$ _____

LOSS EXPERIENCE

34. Loss experience for the past 5 years with amounts paid and outstanding *(including uninsured losses):*
- | Date of Loss | Description | Amount |
|--------------|-------------|----------|
| a. _____ | _____ | \$ _____ |
| b. _____ | _____ | \$ _____ |
| c. _____ | _____ | \$ _____ |
| d. _____ | _____ | \$ _____ |
| e. _____ | _____ | \$ _____ |
35. Is released secured limiting liability? Yes No
 a. *If yes, amount?* \$ _____

SHIP REPAIRER'S LIABILITY SUPPLEMENTARY QUESTIONNAIRE

36. If land pollution liability coverage is required please describe the exposures, ie under or above ground storage tanks, pipelines, etc. Please describe how slops from ships tanks and/or residue from tank cleaning operations is stored on premises, handled, transported and disposed of:

37. Please describe any non-marine work performed and give percentage of total revenues applicable.

38. Additional comments if any: _____

39. Does the insured navigate the vessel for trials/trips? Yes No
If yes, what is the maximum distance?..... _____
Where are the crew covered for the trials/trips? _____

40. Do employees perform work off premises? Yes No

If yes describe: _____

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