



Maritime Employers Liability Insurance Application

1. Name of Producer: _____

Is this a new account to the agent? _____ Yes _____ No

If no, how many years has account been held? _____

2. Name of Insured: _____

Full Address of Insured: _____

3. Period of Insurance: 12 months from _____

4. Insured's Telephone No. _____

5. Inspection Contact: _____

6. Limits of Liability Requested:

Limit	\$

Deductible	\$

Deductible Options (if required)	\$

7. Areas of Operations (Indicate Approximate Percentage)

1. Worldwide	_____ Yes	_____ No	_____ %
2. Offshore USA	_____ Yes	_____ No	_____ %
3. Gulf of Mexico/Offshore USA	_____ Yes	_____ No	_____ %
4. Gulf Coast USA	_____ Yes	_____ No	_____ %
5. Rivers/Lakes (N/GL)	_____ Yes	_____ No	_____ %
6. Coastal Waters (E/W)	_____ Yes	_____ No	_____ %
7. Rivers/Lakes (GC)	_____ Yes	_____ No	_____ %

8. Rivers/Lakes (Central) _____ Yes _____ No _____%

9. Rivers/Lakes (E/W) _____ Yes _____ No _____%

8. a. Do employees work on or from watercraft? _____ Yes _____ No
- b. Do employees keep any of their tools or equipment on watercraft? _____ Yes _____ No
- c. Does the insured own and/or operate any watercraft? _____ Yes _____ No

If yes, please state full details (attach separate sheet if required)

9. Full details of operations/Brief account of company's history:

**** IF COMPANY HAS DIVING OPERATIONS, SUPPLEMENTAL DIVING APPLICATION MUST BE ATTACHED**

10. Number of years in business _____

11. Employees Per Annum Any One Time

1. Total number of employees off-shore (USA) _____

2. Total number of employees off-shore (foreign) _____

3. Total number of employees in-shore (USA) _____

4. Total number of employees in-shore (foreign) _____

5. Total number of overall employees to be insured _____

			Current	Prior
12.	(i)	Gross Payroll: Per Annum U.S.	\$	\$
	(ii)	Gross Revenue: Per Annum U.S.	\$	\$
	(iii)	Gross Overwater Payroll: Per Annum U.S.	\$	\$
	(A)	Jones Act: Per Annum U.S.	\$	\$
	(B)	LSHWA Act: Per Annum U.S.	\$	\$

13. a. Have the applicant’s operations been subject to an independent safety audit? Yes No

**If yes, please provide Name of audit company: _____

b. Is a formal Loss and Safety Program in place? Yes No

**If yes, please provide a copy of manual

14. Ground up, Full Five (5) Year Loss History (if necessary - attach separate sheet)

Policy Year	Gross Premium	Paid Claims/Fees	Reserves/Outstanding	Totals

15. Expiring Carrier: _____ Expiring Premium: _____
 Expiring Deductible: _____

16. Current WC Modifier: _____

**Please attach copy of WC Experience Modification sheet

The definition of a Watercraft is a vessel or Structure other than a Fixed Permanent Platform, which is capable of Navigation, either under power or being towed. Jack-Up Semi-Submersible and similar structures are deemed to be vessels.

Applicant's Signature _____ **Date** _____
Print/Type Full Name of Applicant _____
Signed and Dated by Retail Agent _____ **Date** _____
Print/Type Full Name of Agent _____

It is understood and agreed that the signed application by the Insured, forms part of this Policy and that underwriters hereon shall rely upon the information to determine the acceptability, rates and coverage.

It is further understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any.

It is further understood that the applicant and/or affiliated company is under a continuing obligation to immediately notify their underwriters through their broker of any material alteration to information given.

Be sure to complete the Diving Supplemental Application (pg 5-6) if the company has Diving Operations.

DIVING SUPPLEMENTAL QUESTIONNAIRE

1. Name of Insured: _____

2. a. Number of Divers: _____

b. Number of divers exposed at any one time: _____

c. Number of Tenders exposed at any one time: _____

d. Do Tenders dive? _____ Yes _____ No

3. Detailed description of diving operations:

4. Please split approximate payroll in the following categories:

a. Diving Marine \$ _____

b. Diving USL&H \$ _____

c. Jetty and Break water \$ _____

d. Pile driving \$ _____

e. Pile driving USL&H \$ _____

f. Concrete Constructions \$ _____

g. Nuclear Diving \$ _____

TOTAL \$ _____

5. (i) Do your divers use exothermic cutting equipment? _____ Yes _____ No

(ii) If so, do they use exclusively Oxygen Free Torches, such as 'Arcair'? _____ Yes _____ No

6. Approximate percentage split between the following:

a. Shallow Air Diving _____%

b. Deep Air Diving _____% (Below 130 feet) _____%

c. Mixed Gas Diving _____%

7. Please identify which tables you will use for the following:

- a. Air Diving _____
- b. Mixed Gas Diving _____ (HE02): _____
- c. Saturation _____

Applicant's Signature _____ **Date** _____

Print/Type Full Name of Applicant _____

Signed and Dated by Retail Agent _____ **Date** _____

Print/Type Full Name of Agent _____

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