

APPLICATION FOR MARITIME EMPLOYERS LIABILITY

1. NAME AND ADDRESS OF INSURED:

HAS PROPOSED INSURED OPERATED A SIMILAR BUSINESS UNDER A DIFFERENT NAME DURING THE PAST FIVE YEARS?

2. HOW MANY YEARS HAS INSURED BEEN IN BUSINESS?

3. COMPLETE DESCRIPTION OF INSURED'S OVER WATER OPERATIONS:

4. DOES INSURED ENGAGE IN ANY DIVING?

5. DOES APPLICANT OWN, OPERATE OR CHARTER OPERATE ANY "WATERCRAFT?" *
PLEASE PROVIDE FULL DETAILS IF ANSWER IS YES:

6.

A. DO EMPLOYEES WORK ON OR FROM "WATERCRAFT?"

B. DO EMPLOYEES REGULARLY WORK ON OR FROM A VESSEL OR FLEET OF VESSELS WHICH IS/ARE OWNED OR OPERATED BY THE SAME COMPANY?

C. DO EMPLOYEES SPEND MORE THAN 25% OF THEIR TIME IN EMPLOYMENT ON BOARD WATERCRAFT, EITHER ON OR OFF DUTY OTHER THAN AT DOCKSIDE?
YES _____ NO _____ IF YES, THEN HOW MANY AND IN WHAT PERCENTAGES?

D. IF EMPLOYEES WORK ON OR FROM OFFSHORE FIXED PLATFORMS, DO THEY SLEEP ON THE VESSELS OR QUARTERS BARGES?

E. DOES THE INSURED'S EMPLOYEES KEEP ANY OF THEIR TOOLS OR EQUIPMENT ON WATERCRAFT?

F. IS "WATERCRAFT" WORK DONE DOCKSIDE AND/OR IN INSURED'S YARD ONLY?

G. IF SHIPBUILDING/SHIPREPAIR, DO EMPLOYEES DO TRIAL TRIPS? IF SO, HOW OFTEN AND TIME INVOLVED PER ANNUM:

H. ANY WORK DONE OFF OF PIPELAYING, DERRICK BARGES OR DRILL SHIPS OTHER THAN AT DOCKSIDE?

I. TOTAL NUMBER OF EMPLOYEES EXPOSED OVERWATER PER ANNUM:
EXPOSED AT ANY ONE TIME: _____ ANY ONE PLACE: _____

J. PROJECTED AVERAGE # OF OVER WATER DAYS FOR TOTAL WORK FORCE PER MONTH ON:
FIXED PLATFORMS: _____ VESSELS/JACK UP RIGS: _____

7. INSURED'S PRIOR, CURRENT AND PROJECTED ANNUAL PAYROLLS:

	YEAR PRIOR	CURRENT	PROJECTED	# OF EMPLOYEES
GROSS PAYROLL \$	_____	\$ _____	\$ _____	_____
JONES ACT:	\$ _____	\$ _____	\$ _____	_____
USL & H:	\$ _____	\$ _____	\$ _____	_____

8. EXPIRING CARRIER INFORMATION:

A. CARRIER:

B. LIMITS:

C. DEDUCTIBLE U/L LIMITS:

D. PREMIUM:

9. W.C. CARRIER:

CURRENT EXPERIENCE MODIFICATION:

MARITIME LIMIT:

10. LOSS HISTORY:

FULL 5 YEAR DEATH/INJURY/ILLNESS RECORD INCLUDING ANY RESERVES (INCLUDING ANY CLAIM/INCIDENT ARISING OVERWATER REPORTED TO WORKMEN'S COMPENSATION AND/OR USL&H INSURERS), USE SEPARATE SHEET IF NECESSARY:

11. COVERAGE INFORMATION:

A. PROPOSE EFFECTIVE DATE:

B. LIMIT REQUESTED:

C. DEDUCTIBLE OR SIR. REQUESTED:

***NOTE: THE DEFINITION OF A WATERCRAFT IS A VESSEL OR STRUCTURE, OTHER THAN A FIXED PERMANENT PLATFORM, WHICH IS CAPABLE OF NAVIGATION EITHER UNDER ITS OWN POWER OR BEING TOWED. JACK-UPS, SEMI-SUBMERSIBLES, AND SIMILAR STRUCTURES ARE DEEMED TO BE WATERCRAFT FOR THE PURPOSE OF THIS APPLICATION.**

IMPORTANT:

THIS APPLICATION IS TO BE COMPLETED AND SIGNED BY THE INSURED AND WILL FORM PART OF THE INSURANCE POLICY.

The use of "if any" as an answer to any of the foregoing questions constitutes a representation by the insured to underwriters and upon which they are relying that after diligent inquiry the insured does not believe that it has, or is likely to have during the term of this insurance, any employees who spend 25% or more of their time at work on board watercraft and does not mean that IF the insured has ANY such employees that its liabilities to them will be covered by the insurance for which this application is made.

THE PREMIUM CHARGED AND THE CONDITIONS OF THIS POLICY ARE BASED UPON THE INFORMATION PROVIDED IN THIS APPLICATION. ANY OPERATIONAL AND/OR PHYSICAL CHANGES IN THE NATURE OF THE INSURED'S OVER WATER OPERATION DURING THE POLICY PERIOD WHICH MATERIALLY CHANGES OR ALTERS IN ANY WAY THE INFORMATION CONTAINED IN THIS APPLICATION MUST IMMEDIATELY BE ADVISED TO UNDERWRITERS. ANY CHANGES ADVISED WILL BE ASSESSED BY UNDER WRITERS TO ENABLE THEM TO DECIDE WHETHER THEY AR PREPARED TO CONTINUE TO PROVIDE THIS COVERAGE AND AT WHAT TERMS.

SIGNATURE OF INSURED: _____ DATE: _____

PRINT NAME: _____