



**Maritime Employers Liability Application**

1. NAME AND ADDRESS OF INSURED: \_\_\_\_\_

HAS PROPOSED INSURED OPERATED A SIMILAR BUSINESS UNDER A DIFFERENT NAME DURING THE PAST 5 YEARS? \_\_\_\_\_

2. HOW MANY YEARS HAS INSURED BEEN IN BUSINESS? \_\_\_\_\_

3. COMPLETE DESCRIPTION OF INSURED'S OVERWATER OPERATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. DOES INSURED ENGAGE IN ANY DIVING? \_\_\_\_\_

5. DOES APPLICANT OWN, OPERATE, OR CHARTER 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?

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. DESCRIBE ANY WORK DONE OFF PIPELAYING OR DERRICK BARGES **OTHER THAN AT DOCKSIDE?** \_\_\_\_\_

\_\_\_\_\_

I. TOTAL NUMBER OF EMPLOYEES EXPOSED OVERWATER PER ANNUM: \_\_\_\_\_

EXPOSED AT ANY ONE TIME: \_\_\_\_\_ ANY ONE PLACE: \_\_\_\_\_

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

	YEAR PRIOR	CURRENT	PROJECTED	NUMBER OF EMPLOYEES
(1) Gross Payroll: (includes land & wet)	\$ _____	\$ _____	\$ _____	_____
(2) Jones Act:	\$ _____	\$ _____	\$ _____	_____
(3) USL&H:	\$ _____	\$ _____	\$ _____	_____

(4) PERCENTAGE OF JONES ACT AND USL&H PAYROLLS IN RESPECT OF:

FIXED PLATFORMS:	_____ %
VESSELS/JACK UP RIGS AWAY FROM DOCKSIDE LOCATIONS:	_____ %
VESSELS/JACK UP RIGS AT DOCKSIDE LOCATIONS:	_____ %

**(NEEDS TO EQUAL 100%)**

8. EXPIRING CARRIER INFORMATION:

- A. Carrier: \_\_\_\_\_
- B. Limit: \_\_\_\_\_
- C. Deductible/U/L limit: \_\_\_\_\_
- D. Premium: \_\_\_\_\_

9. W.C. CARRIER FOR PROPOSED TERM: \_\_\_\_\_  
CURRENT EXPERIENCE MODIFICATION: \_\_\_\_\_  
MARITIME LIMIT WITH W.C. CARRIER: \_\_\_\_\_

10. LOSS HISTORY:  
FULL 5 YEAR MARITIME LOSSES OR CLAIMS REPORTED AND INCLUDING PAID AND RESERVED AMOUNTS.  
USE SEPARATE SHEET IF NECESSARY:
- \_\_\_\_\_

11. COVERAGE INFORMATION:

- A. PROPOSED EFFECTIVE DATE: \_\_\_\_\_
- B. LIMIT REQUESTED: \_\_\_\_\_
- C. DEDUCTIBLE OR S.I.R. 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 ANY INSURANCE PLACED IN RELIANCE HEREON.

**IMPORTANT:**

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

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 OVERWATER 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 UNDERWRITERS TO ENABLE THEM TO DECIDE WHETHER THEY ARE PREPARED TO CONTINUE TO PROVIDE THIS COVERAGE AND AT WHAT TERMS.

SIGNATURE OF INSURED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_