



U.S. Risk, LLC | 8401 N. Central Expressway, Dallas, Texas 75225

1. Name of insured: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Physical address (if different): \_\_\_\_\_  
 Has proposed insured operated a similar business under a different name during the past 5 years?  Yes  No  
 If yes, provide details: \_\_\_\_\_

2. How many years has insured been in business? \_\_\_\_\_

3. Complete description of insured's overwater operations: \_\_\_\_\_

4. Does insured engage in any diving?  Yes  No

5. Does applicant own, operate, or charter any watercraft\*?  Yes  No If yes, provide details: \_\_\_\_\_

6. a. Do employees work on or from watercraft\*?  Yes  No

b. Do employees regularly work on or from a vessel or fleet of vessels which is/are owned or operated by the same company?  Yes  No

c. Do employees spend more than 25% of their time in employment on board watercraft, either on or off duty?  Yes  No

If yes, 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?  Yes  No

e. Does the insured's employees keep any of their tools or equipment on watercraft\*?  Yes  No

f. Is watercraft\* work done dockside and/or in insured's yard only?  Yes  No

g. If shipbuilding/shiprepair, do employees do trial trips?  Yes  No

If yes, 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. a. Insured's prior, current and projected annual payrolls

	Year Prior	Current	Projected	No. of employees
Gross payroll (includes land and wet):	\$	\$	\$	
Jones Act	\$	\$	\$	
USL&H	\$	\$	\$	

b. Percentage of Jones Act and USL&H payrolls with respect to:

Fixed platforms	%
Vessels/jack up rigs away from dockside locations	%
Vessels/jack up rigs at dockside locations	%
<b>TOTAL (must equal 100%)</b>	<b>100 %</b>

8. Projected annual sales/receipts: \$ \_\_\_\_\_

9. EXPIRING CARRIER INFORMATION

- a. Carrier: \_\_\_\_\_
- b. Limit: \_\_\_\_\_
- c. Deductible U/L limit: \_\_\_\_\_
- d. Premium: \_\_\_\_\_

10. W.C. carrier for proposed term: \_\_\_\_\_  
Current experience modification: \_\_\_\_\_  
Maritime limit with W.C. carrier: \_\_\_\_\_

11. LOSS HISTORY

Describe 5 full years of maritime losses or claims reported, including paid and reserved amounts. Use a separate sheet if necessary:

12. COVERAGE INFORMATION

- A. Proposed effective date: \_\_\_\_\_
- B. Limit requested: \_\_\_\_\_
- C. Deductible or S.I.R. requested: \_\_\_\_\_

**\* Definition of a watercraft:** 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 herein.

**IMPORTANT:** THIS APPLICATION IS TO BE COMPLETED AND SIGNED BY THE INSURED AND WILL FORM PART OF THE INSURANCE CERTIFICATE. 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 aboard 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.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

Typed or printed name: \_\_\_\_\_

Title: \_\_\_\_\_