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Submission Requirements

- ACORD Workers' Compensation Application
- Minimum 4 years and currently valued Loss Runs
- Description of operations
- MEL Application

MEL Application

1. Full Name of Insured: _____

2. Physical Address: _____

No.	Street	City	County	State	Zip Code
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3. Please make certain additional locations are on ACORD forms.

4. Telephone: () _____ Fax: () _____

5. How many years has Assured been in operation? _____

6. Full details of Assured's overwater operations? _____

7. Total number of employees _____

8. Total Gross annual payroll: \$ _____

9. Total number of employees exposed overwater per annum: _____

Total payroll for employees exposed overwater: _____

10. Maximum number of employees exposed overwater at any one time: _____

11. Gross payroll split for last 12 months:

A) Jones Act: \$ _____

B) L.S.H.W.A.: \$ _____

C) W.C. \$ _____

12. Gross split for next 12 months:

A) Jones Act: \$ _____

B) L.S.H.W.A.: \$ _____

C) W.C. \$ _____

(Underwriters reserve the right to audit the Assured's accounts at any time, at Underwriters expense)

13. Does the Assured engage in any diving operations? YES NO
- a. If yes: # of divers exposed at any one time _____
- b. And, # of tenders exposed at any one time _____
- c. Do tenders dive? YES NO

14. Does the Assured own and/or operate any *watercraft? YES NO

Please provide full details: _____

15. Do/will employees work on or from or have any connection with *watercraft during the policy period? YES NO
16. Is watercraft work done dockside and/or in Assured's yard only? YES NO
17. If shipbuilding/shiprepair do employees do trial trips? YES NO

If so, how often and time involved per annum: _____

18. If employees work on or from or have any connection with watercraft away from dockside, does any one employee spend more than 25% of their time working on or from or in connection with watercraft? YES NO
19. Does/will the Assured have jobs of short duration overwater? YES NO
- If so, please provide the maximum percentage of time during the job that any one employee will be working on or from the or in connection with the watercraft: _____%

20. Do/will employees keep any of their tools or equipment on watercraft? YES NO

21. Full 5 year death/injury/illness record including any reserves (including any claim/incident arising Overwater reported to Workers' Compensation and/or L.S.H.W.A. Insurers), use separate sheet necessary:

22. Present Insurers:

Limits Carried	\$
Expiring Date	
Premium Charged	\$
Limit Required	\$1,000,000

*Note: The definition of a watercraft includes any vessel or special 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/or other barges are deemed to be watercraft for the purpose of the above questions.

IMPORTANT:

THIS QUESTIONNAIRE IS TO BE COMPLETED AND SIGNED BY THE ASSURED AND WILL FORM PART OF THE MARITIME EMPLOYER'S LIABILITY POLICY ISSUED.

THE PREMIUM CHARGED AND THE CONDITIONS OF THIS POLICY ARE BASED UPON THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE. ANY OPERATIONAL AND/OR PHYSICAL CHANGES IN THE NATURE OF THE ASSURED'S OVERWATER OPERATION DURING THE POLICY PERIOD WHICH MATERIALLY CHANGES OR ALTERS IN ANY WAY THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE 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. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL VOID THE POLICY.

APPLICANT SIGNATURE _____ **DATED** _____

PRINT NAME _____

Have Questions?

Contact Susan Schamp, Underwriter
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 Email: sschamp@allrisks.com

