



ocean
marine

MARITIME EMPLOYER'S LIABILITY APPLICATION

Name of Applicant: _____

Address: _____

City, State & Zip: _____

Agent or Broker: _____

Address: _____

City, State & Zip: _____

Date of Application: _____ Coverage Effective Date: _____

1. Description of offshore and over-water operations or nature of work exposing the applicant to Maritime Employers Liability:

2. Provide Listing of all watercraft, floating platforms, vessels, skiffs or barges (whether or not self-propelled):

TYPE OF WORK PLATFORM	VESSEL NAME	LENGTH & TYPE	CHARTERED	OWNED or NON-OWNED	U.S. FLAGGED	NO. of EMPLOYEES	COVERED BY P&I

- a. Does the employer transport employees by vessel? Yes No
- b. Do employees riding a vessel sign on as members of the crew? Yes No
- c. Do employees sleep or keep tools on vessels or platforms? Yes No
- d. Do crew employees perform vessel maintenance work during off season? Yes No
- e. Are employees leased or borrowed by other insureds? Yes No
- f. Does employer rent owned equipment with operator to others? Yes No
- g. Do employees perform sea trials? Yes No

If yes, please provide details:

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

3. If applicant owns a vessel(s), is Jones Act coverage or Protection and Indemnity specifically purchased for the crew and employees working from the vessels? Yes No N/A

If yes, complete the following:

Primary Underwriter: _____ Limits: _____

Excess Underwriter: _____ Limits: _____

4. Provide details of all foreign travel: nature of work activities, number of employees, duration of contract:

5. Provide details of all work activities performed in/over water and outside U.S. territorial water limits:

6. Provide details of all diving activities:

Number of employees certified as divers: _____ Number of divers employed: _____

Number of divers exposed at any one time: _____ Number of tender dive: _____

7. Provide payroll history of those Maritime activities coverage is requested for:

CLASS CODE	PROJECTED	EXPIRING	2 nd PRIOR YEAR	3 rd PRIOR YEAR	4 th PRIOR YEAR
TOTALS:					

8. Provide loss history summary with attachment of supporting loss detail report:

CLASS CODE	PROJECTED	EXPIRING	2 nd PRIOR YEAR	3 rd PRIOR YEAR	4 th PRIOR YEAR
TOTALS:					

9. Additional Comments:

You understand and agree this application is a request for a quote on the information provided herein. You understand and agree the actual coverage, terms and conditions offered may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
Signature: _____ Date: _____

Print Name: _____ Title: _____