

## MARITIME EMPLOYER'S LIABILITY SUPPLEMENTAL APPLICATION

APPLICANT: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

PRODUCER: \_\_\_\_\_

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 <sup>nd</sup> PRIOR YEAR	3 <sup>rd</sup> PRIOR YEAR	4 <sup>th</sup> PRIOR YEAR
TOTALS:					

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

CLASS CODE	PROJECTED	EXPIRING	2 <sup>nd</sup> PRIOR YEAR	3 <sup>rd</sup> PRIOR YEAR	4 <sup>th</sup> PRIOR YEAR
TOTALS:					

9. Additional Comments:

---



---



---

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG 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 for 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.

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: \_\_\_\_\_