

## RECREATION MARINE WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

**General Applicant Information**

**Producer**

Named Insured and Subsidiaries (hereinafter also referred to as "Applicant"):

Insured's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's website: \_\_\_\_\_ Policy effective date: \_\_\_\_\_

Does the applicant you use employee leasing companies or Professional Employer Organizations (P.E.O.s) or lease employees to or from other entities? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Does the applicant have known USL&H exposure? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what? \_\_\_\_\_

Supply the location addresses along with the number of employees at each location (if additional locations are applicable attach separate sheet):

Location Address	Total Number of Employees

*Note: Please provide an explanation for any locations having '0' employees.*

If applicant's EL limits requested are greater than \$500k/500k/500k please provide the reason:

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

Describe any work done by employees over 15' in height:

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

Do the employees do any fiberglass work? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what percentage of the workforce \_\_\_\_\_%

Does the applicant do any work on commercial vessels? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain the type of work being done on vessels: \_\_\_\_\_

**Safety & Loss Control**

Does applicant have a written safety/ procedures policy for each job? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe ongoing loss control activities:

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

Any OSHA violations in the last 5 years: Yes \_\_\_\_\_ No \_\_\_\_\_

What is their Injury & Illness Protection Plan (IIPP) and/or safety program?

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

Describe the applicant's hiring practices: \_\_\_\_\_

Are physicals and drug screenings performed on all newly appointed employees? Yes \_\_\_\_\_ No \_\_\_\_\_

**Safety & Loss Control (continued)**

Describe physical and drug screening policies for existing employees:

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Does applicant have a formal return to modified and/or light duty program? \_\_\_\_\_

**State Act Workers' Compensation Coverage**

What is current experience modification? \_\_\_\_\_ Effective date of this modification? \_\_\_\_\_

*\*\*Attach Copy of Most Current Experience Modification Worksheet*

Explain details of all claims in excess of \$25,000 (provide separate attachment, if necessary).

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*\*\*Attach a copy of Five (5) Years Hard Copy Loss Runs, (Valued within the last three Months)*

List names and addresses of all Add/Insureds/ Alternate Employers requiring certificates, with written contract:

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**Conditions of Insurance**

The undersigned officer of the Applicant, being authorized to execute this Application on behalf of the Applicant, and having made due inquiry (including but not limited to inquiry of the legal department and the risk management department of the Applicant) represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not obligate insurers to quote or bind coverage, but it is agreed that this form and all written statements or materials furnished to insurers with this application are hereby incorporated by reference into this application and shall be the basis of the contract should a policy be issued, and will be attached to and form part of the policies to be issued. It is understood that the Applicant is under a continuing obligation to immediately notify insurers of any material alteration to the nature, extent or size of the Applicant's operation as described herein and that the Applicant may be charged additional premium upon the Underwriter's acceptance of any additional exposures and/or increased risk.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date