



MARITIME EMPLOYER'S LIABILITY APPLICATION

1. A. Full Name and address of Assured:

B. How many years has Assured been in operation? _____ Years

2. Full details of Assured's over water operation:

3. Total number of employees: _____ Employees

4. Total Gross annual payroll: \$ _____

5. Total number of employees exposed over water per annum: _____ Employees

6. Maximum number of employees exposed over water at any one time:
_____ Employees

7. Gross over water payroll split for last 12 months:

A. Jones Act: \$ _____

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

8. Gross over water payroll split for next 12 months:

A. Jones Act: \$ _____

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

**Note: Underwriters reserve the right to audit the Assured's accounts at
any time, at Underwriter's expense**

9. Does the Assured engage in any diving operations: ☐ Yes ☐ No

10. A. Does the Assured own and/or operate
*watercraft? ☐ Yes ☐ No

B. If YES, please provide details / attach schedule:

11. A. Do/will employees work on or from or have
connection with watercraft during the policy period: ☐ Yes ☐ No

- B. Is *watercraft work done at dockside and/or Assured's yard only: ☐ Yes ☐ No
- C. If ship building / ship repair:
- a. Do employees do trial trips? ☐ Yes ☐ No
- b. If so, how often and time involved per annum:
- D. If employees work on or from or have any connections with watercraft away from dockside:
- a. Does any one employee spend more than 20% of their time working on or from or in connection with *watercraft; ☐ Yes ☐ No
- b. If yes, please explain: _____
- E. a. Does/will the Assured have jobs of short duration over water? ☐ Yes ☐ No
- b. If YES, please advise the maximum percentage of time during the job that any one employee will be working on or from or in connection with *watercraft. _____ %
- F. Do/will employees keep any of their tools or equipment on watercraft? ☐ Yes ☐ No
12. Full 5 year death / injury / illness record including any reserves (including any claim / incident arising over water reported to Workmen's Compensation and/or L.S.H.W.A. insurers). Use separate sheet if necessary:

13.A. Present insurers: _____

B. Expiration Date: _____

C. Limits carried: _____

D. Limits required: _____

E. Expiring premium: _____

***Note: The definition of a watercraft includes any vessel or special purpose structure other than a fixed, permanent platform that is capable of navigation either under its own power or being towed. Jack-ups, semi-submersibles and/or other barges are deemed to be a 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 when 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 over water operation during the policy period that 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.**

Signature of Assured: _____ Date: _____

Title: _____

Print Name: _____

Trident Marine Managers, Inc.
Diving contractors
Supplementary Questionnaire
(To be attached to and form part of the Maritime
Employers Liability Proposal form)

1. Name and address of Diving contractor:

2. A. Number of divers: _____ Divers

B. Number of divers exposed any one time: _____ Divers

C. Number of tenders exposed any one time: _____ Tenders

D. Do tenders dive: Yes / No

3. Detailed description of diving operations:

4. Please split approximate payroll in the following categories:
A. Diving Marine: \$ _____

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

C. Jetty and breakwater: \$ _____

D. Pile driving Marine: \$ _____

E. Pile driving L.S.H.W.A.: \$ _____

F. Concrete constructions: \$ _____

G. Nuclear diving: \$ _____

H. Total: \$ _____

5. A. Do your divers use Exothermic cutting Equipment? Yes / No

B. If yes, do they use exclusively Oxygen Free Torches, such as
"Arcair"?
Yes / No

6. Approximate percentage split between the following:

A. Shallow air diving: _____ %

B. Deep air diving: _____ %

C. Mixed gas diving: _____ %

7. Please identify which table you will use for the following:

A. Air diving:

B. Mixed gas diving:

C. Saturation Diving:

Signature of Assured: _____; Dated: _____

Title: _____

Print Name: _____