Osprey Underwriting Agency Limited

MARITIME EMPLOYER'S LIABILITY APPLICATION FORM

1)	A. Full name and address of Assured:							
	B. How may years has Assured been in operation:							
2)	Full details of Assured's overwater operation:							
3)	Total number of employees:	4)	Total Gross annual Payroll:					
5)	Total number of employees exposed overwater per annum	:						
6)	Maximum number of employees exposed overwater at any one time:							
7)	Gross overwater payroll split for last 12 months:	A)	Jones Act:					
		B)	L.S.H.W.A.:					
8)	Gross overwater payroll split for next 12 months:	A)	Jones Act:					
		B)	L.S.H.W.A.:					
	(Underwriters reserve the right to audit the Assured expense)	d's accou	ints at any time, at Underwriters					
9)	Does the Assured engage in any diving operations:							
10)	Does the Assured own and/or operate any *watercraft? Please provide full details:							
11)	A. Do/will employees work on or from *watercraft during	ng the poli	cy period:					
	B. Is *watercraft work done dockside and/or in Assured's yard only:							
	C. If shipbuilding/shiprepair do employees do trial trips,	if so how	often and time involved per annum:					

MARITIME EMPLOYER'S LIABILITY APPLICATION FORM (CONTINUED)

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11)	D. If employees work on or from *watercraft away from dockside, does any one employee spend more than 20% of their time working on or from *watercraft:					
	E.	Do/will employees keep any of their tools or equipm	ent o	on watercraft:		
12)	Full 5 year death/injury/illness record including any reserves (including any claim/incident arising overwater reported to Workmen's Compensation and/or L.S.H.W.A. Insurers), use separate sheet if necessary:					
13)	A.	Present Insurers:	B.	Expiring date:		
	C.	Limits carried:	D.	Limit required:		
	E.	Premium charged:				
*Note: The definition of a watercraft is a vessel or structure other than a fixed, permanent platform which is capable of navigation either under its own power or being towed. Jack-ups, semi-submersibles are deemed to be vessels. IMPORTANT:						
THIS	QU	UESTIONNAIRE IS TO BE <u>COMPLETED A</u> ORM PART OF THE MARITIME EMPLOYER				
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.						
Signa	ature	e of Assured:		Dated:		
Print	Nar	ne:				