



**MARITIME EMPLOYER'S LIABILITY  
APPLICATION FORM  
(CONTINUED)**

Assured's Name:

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 equipment 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 QUESTIONNAIRE IS TO BE COMPLETED AND SIGNED BY THE ASSURED AND WILL FORM PART OF THE MARITIME EMPLOYER'S LIABILITY POLICY 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 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.

Signature of Assured:

Dated:

Print Name: