

**SECTION 1 – APPLICANT**

Name of Assured/ Company Name:

Full address of Assured/ Company:

How many years has the Assured been in operation?

**SECTION 2 – OPERATIONS**

Please provide full details of Assured's overwater operation

Total number of employees:

Total gross annual payroll:

Total number of employees exposed overwater per annum :

Maximum number of employees exposed overwater at any one time:  
:

Gross overwater payroll split for last 12 months:  
:

A)	Jones Act
B)	L.S.H.W.A.:

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's accounts at any time, at Underwriters expense**

**CONTINUED ON NEXT PAGE**



Does the Assured engage in any diving operations: ? Yes  No

Does the Assured own and/or operate any \*watercraft? ? Yes  No

If yes, please provide full details:

. Do/will employees work on or from \*watercraft during the policy period: ? Yes  No

Is \*watercraft work done dockside and/or in Assured's yard only: Yes  No

If undertaking shipbuilding/shiprepair do employees do trial trips, if so how often and time involved per annum:

.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?: : Yes  No

Does/will the Assured have jobs of short duration overwater: ? Yes  No

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 \_\_\_\_\_%

Do/will employees keep any of their tools or equipment on \*watercraft?: Yes  No

**\*Note: *The definition of a watercraft includes any vessel or special purpose structure other than a fixed, permanent platform which is capable of navigation either under its own power or being towed. Jack-ups, semi-submersibles and/or other barges are deemed to be watercraft for the purpose of the above questions.***

**SECTION 3 – CURRENT INSURANCE**

Current Insurers	
Expiring Date:	
Current Limit	USD
Required Limit : :	USD
Premium charged : :	USD

**SECTION 4 – LOSS RECORD**

Please provide 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:

Claim Type	D.O.L.	Vessel	Details of loss	Deductible Applied (USD)	Paid Amount (USD)	Reserve Amount (USD)	Claim Reserve/ File review date



**SECTION 5 – APPLICANT'S SIGNATURE**

**IMPORTANT:**

I/We hereby warrant that the information provided in this application is complete and accurate to the best of my/our knowledge and belief and it is our understanding that Thomas Miller Specialty will rely upon the information and representations listed herein in determining the acceptability of the account, rates and conditions of coverage. It is understood that any misrepresentation or omission will constitute grounds for immediate cancellation of coverage and/or denials of claims, if any.

It is understood that the Applicant is under a continuing obligation to immediately notify Thomas Miller Specialty of any material alteration to the nature, extent or size of the Applicant's operations described herein.

It is understood that this Application Form will be attached to and form part of the Policy of Insurance should one be issued.

Signature :

Applicant:

Title:

Date:

**Once this application form has been completed, please return to Thomas Miller Specialty using the following email address**

[marinespecialty@thomasmiller.com](mailto:marinespecialty@thomasmiller.com) ([teamosprey@thomasmiller.com](mailto:teamosprey@thomasmiller.com))



**ADDENDUM TO MARITIME EMPLOYER'S LIABILITY APPLICATION FORM**

**DIVING CONTRACTORS**

**To be attached to and form part of the Maritime Employers Liability application form and subject to Declaration under Section 5- Applicant's Signature**

**CONTRACTOR'S DETAILS**

Name and address of diving contractor

Number of divers:

Number of divers exposed at any one time:

Number of Tenders exposed at any one time :

Do Tenders Dive?

Yes

No

**OPERATIONS**

Please provide detailed description of operations:

Please split payroll (approximately) into the following categories:

Diving Marine	USD _____	Pile Driving USL&H	USD _____
Concrete Constructions	USD _____	Nuclear Diving	USD _____
Diving USL&H	USD _____	Jetty and Break Water	USD _____
Pile Driving	USD _____		
<b>GRAND TOTAL</b>		<b>USD _____</b>	

Do your divers use exothermic cutting equipment? ?

Yes

No

If 'Yes', do they use exclusively oxygen free torches, such as "Arcair" ?

Yes

No

Please show approximate percentage split between the following:

Shallow Air Diving	_____ %
Deep Air Diving	_____ %
Mixed Gas Diving	_____ %

Please identify which Tables you will use for the following:

Air Diving \_\_\_\_\_ Mixed Gas Diving \_\_\_\_\_ Saturation \_\_\_\_\_

**Signed and Dated by the Assured:**

\_\_\_\_\_

