



# Maritime employers liability application

## Maritime employers liability

1. Name				
2. Address	Street	City	State	Zip
3. How many years have you been in business?				
4. Full details of your overwater operations:				
5. Total number of employees for all operations (dry and wet)				
6. Total number of employees exposed on *watercraft per annum				
7. Maximum number of employees exposed on *watercraft at any one time?				

## Payroll information

*On Land payroll must be provided but does not affect the M.E.L. premium.*

	Location	Category	Payroll		Number of Employees
			Current Year	Next Year	
8.	On Land/Dock	a. State Act			
		b. Longshore			
	On *Watercraft	c. Dockside			
		d. Away from dock			
		e. Total all payroll			
9.	Do you engage in any diving operations? If <b>yes</b> , complete the diving supplemental questionnaire.				
10.	Do you own/operate any *watercraft? If <b>yes</b> , please provide <b>full</b> details:				

11. Do employees do trial trips? <b>If yes</b> , how often and time involved per annum?	
12. Full 5 year death/injury/illness record for any losses on *watercraft including any amounts paid or reserved Include all claims/incidents arising on *watercraft reported to workmen's compensation &/or Longshore insurers. Use separate sheet if necessary	
13. Do you use any subcontractors in your business that would have a MEL exposure?	
<b>If yes</b>	
a. What are their duties?	
b. What is their estimated annual costs to you?	
c. Do they have their own MEL coverage in force with at least \$1mil limits.	
14. Is any work to be covered under this policy performed outside the U.S.?	
<b>If yes</b>	
a. List all Countries likely to be worked in the coming year	
b. Please provide a rough idea of how much of your total MEL payroll will be in those counties	
c. If there is any work that is specific to a specific location, attach a separate schedule if needed	

### Time on board \*watercraft

15. A) Does any one employee spend more than 25% of their time on *watercraft?	
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**Only if answered yes to 15a**

Please segregate employees exposed on \*watercraft by the average number of hours

Please ensure payroll matched the total on the on \*watercraft payroll shown in #8

15. B)	Average Hours Worked Per Week	# Of Employees on *watercraft	*watercraft Payroll
	Up to 10 hours (<25%)		
	Over 10 hours but not more than 20 hours (25-49%)		
	Over 20 hours but not more than 30 hours (50-75%)		
	Over 30 hours a week (>75%)		

	<b>Total</b>		
16.			
a. Current MEL insurers:			
b. Expiry date:			
c. Limits			
d. Premium			
e. Current deductible			
f. Current rate			
g. Anticipated effective date:			

**Other insurance in force**

17.	Policy	Insurer	Effective date	Expiry date	Limit	Premium	Options
a.	State Act WC				Statutory		
b.	Longshore				Statutory		Including OSCLA?
c.	P&I						Including crew?

\*Note: The definition of a \*watercraft includes any vessel or special 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.

Important: This questionnaire is to be completed and signed by the insured and will form part of the maritime employers liability policy issued.

The premium charged and the conditions of this policy are based upon the information provided in the questionnaire. Any operational and/or physical changes in the nature of the insured’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.

<b>Signature:</b>	<input type="text"/>	<b>Title</b>	<input type="text"/>
<b>Print name</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>