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| **NAME OF APPLICANT**:       | **DATE** **of APPLICATION:**  |
| **PRODUCER:**  | **COVERAGE EFFECTIVE DATE**:       |

1. **Description of Offshore and Over-Water Operations or Nature of Work exposing the Applicant to Maritime Employers Liability:**

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|       |

1. **Provide listing of all watercraft, floating platforms, vessels, skiffs or barges (Whether or not self-propelled):**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF WORK PLATFORM** | **VESSEL NAME** | **LENGTH & TYPE** | **CHARTERED** | **OWNED or NON-OWNED** | **U.S. FLAGGED** | **NO. of EMPLOYEES** | **COVERED BY P & I**  |
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| 1. Does the Employer transport employees by vessel?
 | Yes [ ]  | No [ ]  |
| 1. Do employees riding a vessel sign on as members of the crew?
 | Yes [ ]  | No [ ]  |
| 1. Do employees sleep or keep tools on vessels or platforms?
 | Yes [ ]  | No [ ]  |
| 1. Do crew employees perform vessel maintenance work during off season?
 | Yes [ ]  | No [ ]  |
| 1. Are employees leased or borrowed by other insureds?
 | Yes [ ]  | No [ ]  |
| 1. Does employer rent owned equipment with operator to others?
 | Yes [ ]  | No [ ]  |
| 1. Do employees perform Sea -Trials?
 | Yes [ ]  | No [ ]  |

If yes, please provide details:

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1. If applicant owns a vessel(s), is Jones Act coverage or Protection and Indemnity specifically purchased for the crew and employees working from the vessels? Yes [ ]  No [ ]  N/A [ ]

If yes…

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| Primary Underwriter:       | Limits:       |
| Excess Underwriter:      | Limits:       |

1. Provide details of all Foreign Travel; nature of work activities, number of employees, duration of contract:

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|       |

1. Provide details of all work activities performed in/over water and outside U.S. territorial water limits:

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|       |

1. **Provide details of all Diving activities:**

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| --- | --- |
| Number of Employees certified as Divers:       | Number of Divers Employed:       |
| Number of Divers exposed at any one time:       | Number of Tenders Dive:       |

1. **Provide payroll history of those Maritime activities coverage is requested for:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CLASS CODE | **PROJECTED** | **EXPIRING** | **2ND PRIOR YEAR** | **3RD PRIOR YEAR** | **4TH PRIOR YEAR** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **TOTALS:** |  **0** |  **0** |  **0** |  **0** |  **0** |

1. **Provide loss history summary with attachment of supporting loss detail report:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POLICY YEAR** | NO. CLAIMS | **PAID CLAIMS** | **RESERVED** | **TOTAL** | **VALUATION DATE** |
|  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |
|  |  |  |  | **0** |  |
| **TOTALS:** |  **0** |  **0** |  **0** |  **0** |  |

1. **Additional Comments:**

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|       |

By signing below, I represent that the statements and answers given above are true and accurate, and that I have not intentionally concealed or misrepresented any material fact or circumstance concerning this application. This application does not constitute a Binder.

Name and Title of the person completing this application:      ,

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Use Only:**

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