

MARITIME EMPLOYERS LIABILITY QUESTIONNAIRE

**THIS QUESTIONNAIRE IS TO BE COMPLETED AND SIGNED BY THE
ASSURED AND WILL FORM PART OF THE INSURANCE POLICY**

The use of "If Any" as an answer to any of the foregoing questions constitutes a representation by the Insured to Underwriters, upon which they are relying, that after diligent inquiry the Insured does not believe it has, or is likely to have during the term of this insurance, any employees who spends 25% or more of their time at work on board watercraft or any other facilities capable of floating, whether actually floating at the time the work is performed or not.

1) Full name and address of Assured

2) Full details of Overwater Operations

3) Number of years in business _____

4) Does insured have a formal safety program? _____

5) Total number of employees exposed overwater per annum _____

6) Maximum number of employees exposed overwater a.o.t. _____

7) If diving operations state a) Number of divers exposed a.o.t. _____

b) Number of tenders exposed a.o.t. _____

c) Do Tenders dive? _____

- 8) **Gross payroll split - indicate the amount of payroll earned at each of the following categories:**

Work Performed on	Payroll
Total Payroll	
USL&H Payroll	
Jones Act Payroll	
Land payroll	

- 9) **Does Assured own and/or operate any Watercraft? If yes, state full details**

- 10) **Does every employee spend 75% or more of their employment working on land based jobs? Land based jobs contemplate no offshore or vessel based work. Yes ___
No ___**

If "No" please complete the following table giving a breakdown of your total payrolls, revenues and employees.

Work Performed on	Payroll	Revenues	# Employees
Land			
Dry Docks, Piers, Shipyards, Stevedores			
Jack-ups, Semi-Submersibles, etc.			
Offshore Fixed Platforms			
Watercraft, Drill Barges, etc.			
Other (identify)			
Total			

- 11) **Do/Will employees work on or from Watercraft? Yes ___ No ___**
- 12) **Do/Will employees keep any of their tools or equipment on Watercraft? Yes ___
No ___**
- 13) **Any operations outside the United States or Gulf of Mexico? If Yes, describe: _____**

14) Full five years loss record including reserves? _____

15) A. Present Insurers _____

B. Limits Carried _____

C. Premium _____

16) Limit required _____

a) It is further noted and agreed that as the applicant I/We are under a continuing obligation to immediately notify underwriters via my/our broker of any material alteration to the nature, extent or size of my/our operations described herein .
Examples of material alterations would include but would not be limited to:

- A change in operation such that employees covered hereunder work on watercraft for more than 25% of their annual employment.
- The ownership and/or operation of new and/or additional watercraft.

b) I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief. It is my/our understanding that underwriters shall rely upon the information and representations listed above in determining the terms, rates and conditions of coverage.

c) It is understood that any misrepresentation or omission shall constitute ground for immediate cancellation of coverage and denial of claims, if any.

d) It is further understood that this application shall be attached to and form part of the policy should one be issued.

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 and similar structures are deemed to be watercraft for the purpose of this questionnaire any insurance placed in reliance hereon.

Dated _____

Signed _____

ASSURED