DUAL Marine Liability

Maritime Employers Liability

Application form

This application must be completed and signed by the Insured and will form a part of the policy should one be issued.

Named insured:	
Years in business:	
Additional named insureds (if required):	
Address:	
Email:	
Producing agent name:	
Full details of overwater operations:	
Number of employees exposed overwater per annum:	
Number of employees exposed overwater any one time:	

Does the Insured engage in any diving operations? Yes ☐ No ☐

If yes, please complete the attached diving supplementary questionnaire

If yes, how many divers are exposed any one time:	

Payroll information

The use of the term "if any" in response to any of the following questions constitutes a representation by the Insured to Underwriters that, after conducting diligent inquiry, the Insured does not believe it has, and does not expect to have during the term of this insurance, any employees who spend 25% or more of their working time aboard watercraft. The use of "if any" does not imply that, should such employees exist, any liabilities arising in respect of them would be covered under the insurance for which this application is made.

	Last year ($)	**Current year ($)**	**Projected (est.) ($)**
Jones act			
USL&H			
Workers comp			

Watercraft

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 below questions.

Does the Insured own and/or operate any watercraft? Yes ☐ No ☐

If yes, please provide details:

Do employees spend more than 25% of their time in employment on board a watercraft (either on or off duty)? Yes ☐ No ☐

Do/Will employees keep any of their tools or equipment on watercraft? Yes ☐ No ☐

If shipbuilding/ship repair, do employees do trail trips? Yes ☐ No ☐

If yes, please provide how many are conducted per annum:

Loss details

Please provide full 5-year death/injury/illness record, use separate sheet if necessary.

Date of loss	Details of loss	Paid amount ($)	Reserve amount ($)

Coverage information

Current insurer:

Current deductible:

Current limit:

Current premium:

Requested deductible:

Limit required:

Proposed effective date:

Important:

This questionnaire must be completed and signed by the Insured and will form part of the Maritime Employers Liability policy issued. The premium and policy terms are based on the information provided herein. The Insured must promptly notify Underwriters of any operational and/or physical changes to their overwater activities during the policy period that materially alters the information supplied in this application form. Upon receiving such notice, Underwriters will review the changes to determine whether coverage can continue and, if so, under what terms. **Failure to comply with this requirement will void the policy.**

Signature:

Print name:

Date:

Diving supplementary questionnaire

To be completed if the Insured is engaging in ANY diving operations.

Full details of diving operations:

Number of divers exposed per annum:

Number of divers exposed any one time:

Number of tenders exposed any one time:

Do tenders dive? Yes ☐ No ☐

Do your divers use exothermic cutting equipment? Yes ☐ No ☐

If yes, do they exclusively use oxygen free torches, such as 'Arcair'? Yes ☐ No ☐

Approximate percentage split between the following:

Shallow air diving:

Deep air diving:

Mixed gas diving:

Average depth of diving operations:

☐ a) 0 - 30ft ☐ b) 30 - 80ft ☐ c) 80 - 100ft ☐ d) Over 100ft

Please identify which table you will use for the following:

Air diving:

Mixed gas diving:

Saturation diving:

Diving payroll

Please split approximate payroll ($) in the following categories.

Total:

Diving MEL:

Diving USL&H:

Jetty and breakwater:

Pile diving MEL:

Pile diving USL&H:

Concrete constructions:

Nuclear diving:

Loss information

Does the Insured have a formal loss control programme? Yes ☐ No ☐

Does the Insured have a specific written safety plan in place for each job? Yes ☐ No ☐

Are annual/pre-employment physicals and drug tests required for all divers? Yes ☐ No ☐

Signature:

Print Name:

Date:

Helping you do more

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