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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:**

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| 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:**

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| **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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