

MARITIME EMPLOYER'S LIABILITY POLICY APPLICATION

DATE _____

A. GENERAL INFORMATION**A. Account Name** _____

Address: _____

City / State / Country: _____ Postal Code: _____

Website: _____ Phone: _____

B. Insurance Agent or Broker: _____

Address: _____

City / State / Country: _____ Postal Code: _____

Email: _____ Phone: _____

C. Description of Business: _____

Number of years in business under current management: _____

Number of employees: _____ Full Time _____ Part Time _____

Estimated Total Number of Employees Exposed to Offshore Operations Each
Year? _____Estimated Total Number of Employees Exposed to Offshore Operations at Any
One Time? _____

If Diving Operations are conducted:

1. Number of Divers Exposed at Any One Time: _____

2. Number of Tenders Exposed at Any One Time: _____

3. Do Tenders Dive? Yes No

Gross Over Water Payroll Split:

1. Jones Act \$ _____
2. LSHWA Act \$ _____

Does Applicant Own and/or Operate any Watercraft? Yes No
If Yes, please attach full watercraft details.

Do Employees Work On or From Non-Owned Watercraft? Yes No
If Yes, please attach full Non-Owned watercraft details.

Are Tools and Equipment Used By Employees Kept on Watercraft?
 Yes No

B. Insurance Coverage Information

Proposed Effective Date: _____

Limit Required: \$ _____

DEDUCTIBLE: \$ _____

Is there other insurance written by or submitted to Continental Underwriters?

Yes No If Yes, please provide details _____

C. Account History

Current Insurance Policy with _____

Details of current insurance policy (form, limit, deductible, rate) _____

Has current insurance company requested replacement of coverage or sent notice of cancelation? Yes No

Premium & Loss information for last 5 year period: (attach full loss experience details - list all claims insured or not during past 5 years on all operations)

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant _____ Date _____

Signature of Broker