

**MARITIME EMPLOYERS LIABILITY APPLICATION FORM.**

**This Questionnaire is to be completed and signed by the Assured and will form part of the insurance policy.**

1. Insured including Co-Owners and/or Co-Ventures and/or Subsidiary Companies to be insured

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2. Full Address of Insured.....

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Insured's Web page: www.....

3. Period of Insurance 12 Months @.....

4. Areas of Operations:	A) Coastal Areas of U.S.A./Gulf of Mexico	%
	B) U.S.A. Inland Waters	%
	C) Worldwide.	<u>        </u> %
	Total	<u>100 %</u>

5. A) Do Employees work on or from watercraft YES/NO

B) Do Employees keep any of their tools or equipment on watercraft YES/NO

C) Does the Insured own/or operate any watercraft (Attach vessel schedule) YES/NO

D) Approximate percentage of employee's time working from vessels .....%

6. A) Details of operations if diving operations the supplemental questionnaire should be completed

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B) Years in business.....

7. In the last five years has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations take place. YES/NO



Signed and Dated by Retail Agent.....Date.....

(Full Name of Agent).....

**DIVING CONTRACTORS SUPPLEMENTARY QUESTIONNAIRE**

(To be attached to and form part of Maritime Employers Liability Proposal Form, if Diving operations)

1. Name and Address of Diving Contractor

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2. A) Total number of divers to be insured .....  
B) Total number of tenders to be insured .....  
C) Do Tenders dive? YES/NO

3. Detailed description of operations.....  
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4. Please split approximate payroll in the following categories

A) Diving Marine \$.....  
B) Diving from land or fixed platforms \$.....  
  
TOTAL \$.....

5. Do your divers use exothermic cutting equipment? YES/NO  
If so, do they use exclusively Oxygen Free Torches, such as 'Arcair'? YES/NO

6. Approximate percentage split between the following,

A) Shallow Air Diving .....  
B) Deep Air Diving ..... (Below 130ft).....  
C) Mixed Gas Diving .....

7. Please identify which tables you will use for the following: -

A) Air Diving .....  
B) Mixed Gas Diving ..... (HEO2).....  
C) Saturation .....

Signed by Insured.....

Signed by Agent.....