$\frac{INTERNATIONAL}{SPECIAL\,RISKS,INC}.$



COMMERCIAL DIVING SUPPLEMENTAL APPLICATION

Named Insured:	
Mailing Address:	
Policy Period From: To:	
OPERATION DETAILS Full Details of Diving Operations – Please Include Details	s on 5 Largest Jobs in the Last 12 Months
Advise Approximate Dayrell Split in the Following Co	otogorioo.
Advise Approximate Payroll Split in the Following Ca	_
Diving from Vessels in Navigable Water	\$
Diving from Shore/Fixed Objects in Navigable Water	\$
Jetty and Breakwater	\$
Pile Driving	\$
Concrete Construction	\$
Nuclear Diving	\$
TOTAL	\$
Do Divers Use Exothermic Cutting Equipment? If Yes, Do They Use Exclusively Oxygen Free Torches Su	
Advise Approximate Percentage Split Between the Fo	_ %
Deep Air Diving (Below 130 Ft):	
Very Deep Air Diving (Below 200 Ft):	
Mixed Gas Diving:	. %
Please Identify Which Tables You Use for the Following:	<u> </u>
Saturation Diving:	

How Many Divers Work for You as Employees?		
How Many Divers do You Hire on a Contract Basis Annually?		
For Many Tenders Work for You as Employees?		
For Interry Territories as Teaching and Service Each Territories and Servi		
Are Divers and Tenders Hired on a Contract Basis Considered and Treated as Emp		
Do Tenders Ever Dive? Yes No If Yes, How Much?	•	
What are Your Pre-employment Hiring Practices?		
Milatare Tour Fre-employment filling Fractices:		
LOSS HISTORY		
Please Note Below or Attach a Full 3 Year Death/Injury Illness Record Including any	Reserves as Respects Diving Operations	
You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.		
Any persons who knowingly and with intent to defraud any insurance company or other person files an application for 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.		
The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.		
Applicant's Signature:	Date:	
Print Name:	Title:	

