



THE ASSOCIATION OF DIVING CONTRACTORS INTERNATIONAL, INC.

USL&H, MEL & WORKERS' COMPENSATION INSURANCE
The Program Officially Endorsed by the ADC

Exclusive Intermediary For ADC Program:

International Special Risks Inc, 50 Salem Street , 3rd Floor , Building B, Lynnfield , MA 01940.

APPLICATION

Section I – Producer

- | | |
|--|---|
| 1. <u>Name of Retail Broker/Agency:</u>

_____ | 2. <u>Address of Retail Broker/Agency:</u>

_____ |
| 3. <u>Individual Contact's Name:</u>

_____ | 4. <u>Phone/Fax/E-Mail Address:</u>

_____ |

Section II – General Applicant Information

Named Insured and Subsidiaries To Be Covered Hereunder (hereinafter also referred to as "Applicant"):

- | | |
|---|--|
| 1. <u>Named Insured:</u>

_____ | 2. <u>Named Insured's Mailing Address:</u>

_____ |
| 3. <u>FEIN of Named Insured:</u>

_____ | 4. <u>Inspection Audit Contact/Phone Numbers:</u>

_____ |
| 5. <u>Requested Effective Date:</u>
_____ | 6. <u>Years In Business:</u>
_____ |
| 7. <input type="checkbox"/> Partnership <input type="checkbox"/> Subchapter "S" Corp
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual
<input type="checkbox"/> Other (Describe) : | 8. Do You Have Employees Regularly Working Outside the U.S. and its territories _____ (If Yes, Describe Foreign Operations and Identify Countries/Geographical Areas

_____ |
| 9. <u>Subsidiary Companies To Be Covered</u> (Joint ventures must be specifically named and accepted by underwriters in order for there to be coverage) :
_____ | 10. <u>List All States In Which Applicant Currently Conducts Business:</u>
_____ |
| 11. Do all Named Insureds have over 50% Common Ownership? Yes <input type="checkbox"/> No <input type="checkbox"/> . If 'No', please explain:
_____ | 12. <u>Insureds' Web Site Address:</u> _____ |

13. Do you use employee leasing companies or Professional Employer Organizations (P.E.O.s) or lease employees to or from other entities? Yes No

14. Number of full-time employees: _____; (b) Number of Part Time Employees: _____
15. Average wage for employees in Governing or Primary Class: _____
16. Wage range. High: _____ Low: _____
17. (a) Union Affiliation. Yes: _____ No: _____; (b) Union(s) Represented: _____
18. Tenure in years of senior management (list names): _____
- 19 .Average Tenure in years for other full time employees: _____
- 20 Attach resumes for all dive supervisors and senior management personnel.
- 21.(a) Pension Plan: Yes _____ No _____; (b) 401(k): Yes _____ No _____; (c) Paid Vacation Time: Yes _____ No _____; (d) Paid Sick Time: Yes _____ No _____

22. Please Complete the Table Below Concerning Applicant's Existing Workers' Compensation Program:

Type of Coverage	Carrier/Insurer	Policy No.	Policy Period
State Act			
MEL			
USL&H			

23 Provide Addresses of All Permanent Physical Locations:

- a. _____
- b. _____
- c. _____

- 24 a. Is the Applicant Currently a General Member of the ADC? Yes _____ *No _____
- b. Is the Applicant Currently an Associate Member of the ADC? Yes _____ *No _____

25 Requested Endorsements, If Any, (To Be Completed by Broker)

- a. _____ d. _____
- b. _____ e. _____
- c. _____ f. _____

26 Give Percentage For Each, Based on Last Twelve Months of Operations:

- a. Diving From Owned Vessels on Navigable Waters _____%
- b. Diving From Non-owned Vessels on Navigable Waters _____%
- c. Diving From Land or Docks Into Navigable Waters _____%
- d. Diving From Fixed Platforms on Navigable Waters _____%
- e. Diving in Non-Navigable Waters (i.e. Potable Water Tanks, Reservoirs, Sewer Systems, etc.) _____%
- Total _____ 100 _____%

27 Describe as fully as possible the exact nature , type and location of diving operations performed and other Services Offered (Attach a separate sheet of paper if necessary):

28 Attach a summary of your last dozen dive contracts, including description of type of diving and other work performed, exact location (including mile marker if on a river), duration of contract and customer name.

29 Average Depth of Diving Operations:

30 Feet or Less: _____%; Between 31 & 80 Feet: _____%; Between 81 & 130 Feet _____%; Over 130 Feet _____%

30 Are tenders certified divers? Yes _____ No _____

31 Do Operations Include Any of the Following Exposures:

- a. Construction/ Maintenance of Cofferdams in Navigable Waterways? Yes _____ No _____
- b. Support of Offshore Oil & Gas Drilling Operations? Yes _____ No _____
- c. Inspection/ Maintenance/ Construction at Nuclear Facilities? Yes _____ No _____
- d. Handling, Transportation, Storage or Use of Nitroglycerin, Explosives, Ammunitions, or Ammonium Nitrate?
Yes _____ No _____

32 Provide Information on Applicant's General Liability Coverage:

Carrier	Policy Term	Limit	Policy No.

- a. Does Applicant's General Liability Policy Include Contractual Liability? Yes _____ No _____ Action Over?
Yes _____ No _____

Section III – Safety & Loss Control

- 1. Does Applicant Comply with the Current Association of Diving Contractors' Consensus Standards and Have A Formal Written Loss Control Program? Yes _____ No _____
- 2. Does Applicant Design a Written Safety/ Procedures Policy For Each Job? Yes _____ No _____
- 3. Name and Phone of Applicant's Loss Control Manager: _____

- 4. Describe Ongoing Loss Control Activities: _____

Describe Hiring Practices: _____

- 6. Are Physicals and Drug Screenings Performed on All Newly Appointed Employees? Yes _____ No _____
- 7. Describe Physical and Drug Screening Policies for Existing Employees:

- 8. Does Applicant Have a Formal Return To Modified and/or Light Duty Program? _____ If Yes, Describe: _____

- 9. Any OSHA violations in the last 5 years: Yes _____ No _____

Section IV – State Act Workers’ Compensation Coverage

1. Workers’ Compensation State Act Classifications and Projected Annual Gross Payrolls for the Next 12 Month Policy Period:
(Include, if any, all Diving/Tender Payroll on Non- Navigable Waters (e.g. Potable Water Tanks, Reservoirs, Sewer Systems, etc.)

State(s)	Class Code	Description	Estimated Annual Gross Payroll
	8810	Clerical	
	8227	Yard	
	6872	All Non-Navigable Water Diving	
	Other (advise if known)	(Provide description)	

2. Partners & Officers To Be Included/Excluded (For Those Included, Make Sure Payrolls Are Included In 1. Above):

Name	Title/Relationship	% Ownership	Breakdown Of Duties By %s	Incl./Excl.	Gross Payroll for Those Included

3. a. What is Current Experience Modification? _____
 b. What is the Effective Date of this Modification? _____
 (Attach Copy of Most Current Experience Modification Worksheet)

4. Advise State Act Gross Payroll and Claims History by Policy Per Year in the Spaces Below:

State Act

Year	Number of Claims	Total Incurred Claims \$	Total Paid Claims \$	Total Reserved Claims \$	Allocated Loss Adjustment Expenses	Payroll \$
1.						
2.						
3.						
4.						
5.						

NOTE: Hard copy loss reports along with a recapitulation of losses and historical gross payroll information for the previous five (5) years must be provided prior to the release of a firm quotation. Losses must be valued within the last 3 months.

Explain details of all claims in excess of \$50,000 (provide separate attachment, if necessary).

Section V-United States Longshore & Harbor Workers' Act (USL&H)

1. USL&H Clarifications and Projected Annual Gross Payrolls for the Next 12 Months Policy Period.
 Note: Include All Gross Payroll for Activities performed in or upon Navigable Waters from other than Vessels.
 (i.e. From Fixed Platforms, Land, Docks, etc.)

State(s)	USL&H Class Code	Description	Estimated Annual Gross Payroll
	6872F	Diving from shore, docks/jetties and other fixed platforms	
	Other (advise if known)	(Provide description)	

2. Do corporate officers dive or otherwise work from shore or from fixed objects such as piers on navigable waters?
 Yes No . If " Yes " , all such USL&H payroll must be included in Section V 1. above.

3. Advise USL&H Gross Payroll and Claims History by Policy Year in the Spaces Below:

USL&H

Year	Number of Claims	Total Incurred Claims \$	Total Paid Claims \$	Total Reserved Claims \$	Allocated Loss Adjustment Expenses	Payroll \$
1.						
2.						
3.						
4.						
5.						

NOTE: Hard copy loss reports along with a recapitulation of losses and historical gross payroll information for the previous five (5) years must be provided prior to the release of a firm quotation. Losses must be valued within the last 3 months.

Explain details of all claims in excess of \$50,000 (provide separate attachment, if necessary).

(D) JONES ACT PAYROLL AND CLAIMS HISTORY: Advise TOTAL (Divers & tenders, Dedicated crew and Incidental crew as defined above COMBINED) Jones Act Gross Payroll and Claims History by Policy Year in the Spaces Below:

MEL(Jones Act)

Year	Number of Claims	Total Incurred Claims \$	Total Paid Claims \$	Total Reserved Claims \$	Allocated Loss Adjustment Expenses	Payroll \$
1.						
2.						
3.						
4.						
5.						

NOTE: Hard copy loss reports along with a recapitulation of losses and historical gross payroll information for the previous five (5) years must be provided prior to the release of a firm quotation. Losses must be valued within the last 3 months.

Explain details of all claims in excess of \$50,000 (provide separate attachment if necessary):

(E) SCHEDULE OF OWNED AND BAREBOAT CHARTERED VESSELS : Complete details below:

Vessel Name Type Manufacturer/Model Year Built GRT Length Horsepower Navigating area Maximum no.crew
(a) part-(b)full-time*

- * (a) Attach /summarize professional qualifications and experience and position (captain , deckhand , etc) of each employee
- (b) If roving crew are assigned as needed over all vessels , what is total number of such roving crew?
- (c) Are any vessels ever used for purposes not directly related to diving ? Yes _____ No _____

If Yes, please explain: _____

(F) Do you do any salvage work ? Yes . No .

(G) Are owned and /or operated vessels used for purposes other than dive support? Yes . No .

(H) Do you expect to do any work from owned or non-owned vessels 3 miles or more from shore in the next 12 months ?
 Yes . No . If "Yes", please describe advise type of work , number of miles offshore and MEL payroll –

Section VII – Additional Documentation Required Prior to Obtaining A Quote

1. Most Recent Twelve Month Financials Including Balance Sheet and Income & Expense Statement (Can Be Unaudited)
 2. Company Brochure and/or Website Address and/or Written Narrative of Services Provided
- (Ed. 2/2004)

3. Copy of Complete Safety Manual
4. Most Recent Experience Mod Calculation Sheet
5. Five Years Hard Copy Loss Runs , Valued Within The Last Three Months
6. List names and addresses of all Additional Insureds/ Alternate Employers requiring certificates, with written contract
7. List names, addresses and applicable contract payroll for all customers requiring Waiver of Subrogation, under written contract plus type and location of work for each contract separately
8. Attach full copy of hull and P&I policy (if any)

Section VIII – Conditions of Insurance

The undersigned officer of the Applicant, being authorized to execute this Application on behalf of the Applicant, and having made due inquiry (including but not limited to inquiry of the legal department and the risk management department of the Applicant) represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not obligate insurers to quote or bind coverage, but it is agreed that this form and all written statements or materials furnished to insurers with this application are hereby incorporated by reference into this application and shall be the basis of the contract should a policy be issued, and will be attached to and form part of the policies to be issued. It is understood that the Applicant is under a continuing obligation to immediately notify insurers of any material alteration to the nature, extent or size of the Applicant's operation as described herein and that the Applicant may be charged additional premium upon the Underwriter's acceptance of any additional exposures and/or increased risk.

Producer's Signature/ Date

Applicant's Signature/ Date

ADC's Exclusive Intermediary For the Program

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***If you have not officially been accepted as a member of the ADC at the time coverage is bound, your membership application must have been submitted. If for any reason your membership request is rejected or you do not maintain your existing ADC membership in good standing, your Workers Compensation Coverage will be cancelled.**