



**MARITIME EMPLOYERS LIABILITY APPLICATION**

Named Insured: \_\_\_\_\_

Contact Person For Inspection and Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Year Business Started: \_\_\_\_\_

Website: \_\_\_\_\_

Other Named Insureds: \_\_\_\_\_

Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

**OPERATION DETAILS**

Full Details of Overwater Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Total Number of Employees Exposed Overwater Per Annum: \_\_\_\_\_

Maximum Number of Employees Exposed Overwater at any One Time: \_\_\_\_\_

Are Employees Involved in any Diving Operations?      Yes      No      If Yes, Must Complete Diving Addendum

Do You Lease or Borrow Employees to Other Entities?      Yes      No

If Yes, Please Describe: \_\_\_\_\_

Do You Lease or Borrow Employees From Other Entities?      Yes      No

If Yes, Please Describe: \_\_\_\_\_

**WATERCRAFT INFORMATION**

**What is a Watercraft?** *The definition of a watercraft is a vessel or structure, other than a fixed permanent platform, which is capable of navigation either under its own power or being towed. For purposes of this application, jack-ups, semi-submersibles and similar structures are deemed to be "watercraft."*

Does Assured Own and/or Operate any Watercraft?      Yes      No

If Yes, State Full Details: \_\_\_\_\_

Do/Will Employees Work on or From Watercraft?      Yes      No

Do/Will Employees Keep any of Their Tools or Equipment on Watercraft?      Yes      No

Do You Carry P&I (Protection & Indemnity) Insurance?      Yes      No

If Yes, Please Note Carrier and Limits: \_\_\_\_\_

Does the P&I Cover all Masters, Crews and Employees Working From Vessels?      Yes      No  
 Does any One Employee Spend More Than 25% of Their Time on "Watercraft"?      Yes      No

**Only If Answered Yes to Above**

Average Hours Worked Per Week	# of Employees on Watercraft	Watercraft Payroll
Up to 10 hours (<25%)		
Over 10 Hours but Not More Than 20 Hours (25-49%)		
Over 20 Hours but Not More Than 30 Hours (50-75%)		
Over 30 Hours a Week (>75%)		

Do Your Employees Work on Board Vessels in Sea Trials?      Yes      No  
 Is any Work Performed Outside of US Territorial Waters or in Foreign Locations?      Yes      No  
 If Yes, Please Describe: \_\_\_\_\_

**PAYROLL INFORMATION**

Location	Category	Payroll	Number of Employees
On Land/Dock	A) State Act		
	B) Longshore		
On Watercraft	C) Dockside		
	D) Away From Dock		

**Total All Payroll: \$** \_\_\_\_\_

*A note on "If Any" Payroll. The use of "if any" as an answer to any of the foregoing questions constitutes a representation by the insured to underwriters and upon which they are relying that after diligent inquiry the insured does not believe that it has, or is likely to have during the term of this insurance, any employees who spend 25% or more of their time at work on board watercraft and does not mean that if the insured has any such employees that its liabilities to them will be covered by the insurance for which this application is made.*

**COVERAGE INFORMATION**

Policy	Insurer	Effective Date	Expiry Date	Limit	Premium	Options
State Act WC				Statutory		
Longshore				Statutory	Included	Included OSCLA?    Yes    No
P&I				1,000,000		Including Crew?    Yes    No

Current MEL Insurers: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_  
 Limits: \_\_\_\_\_  
 Premium: \_\_\_\_\_  
 Current Deductible: \_\_\_\_\_  
 Current Rate: \_\_\_\_\_  
 Anticipated Effective Date: \_\_\_\_\_

## LOSS HISTORY

Please Note Below or Attach a Full 3 Year Death/Injury Illness Record Including any Reserves

(Include any Claim/Incident Arising Overwater Reported to MEL, Workmen's Compensation and/or USL&H Insurers).

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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: \_\_\_\_\_



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