



MARITIME EMPLOYERS LIABILITY APPLICATION

1	Insured name:			
2	Address:			
3	Area of Operations:	A) Coastal Areas of U.S.A./Gulf of Mexico:	%	
		B) U.S.A Inland Waters:	%	
		C) Worldwide:	%	
		Total:		100 %
4	Full details of your operations (Include years in business) Including overwater exposures:			
5	Total number of employees for all your operations:			
6	Total number of employees exposed Overwater	Per Annum:		Any One Time:
7	PAYROLL INFORMATION			
	Jones Act	\$		
	USLHA	\$		
	Land (WCA)	\$		
8	Do you engage in any diving operations?			
9	Do you own/operate any *watercraft? IF YES , please provide full details:			
10	Does any one employee spend more than 25% of their time onboard *watercraft? IF YES , what is the maximum percentage of time that any one employee will be onboard the *Watercraft?			
11	Full 5 year death/injury/illness record including any reserves (include any claim/incident arising Overwater reported to workmen's compensation &/or Longshore insurers, use separate sheet if necessary:			
12	Current MEL insurers: Expiry date: Limits: Premium: Current Deductible: Current Rate: Anticipated effective date:			
13	Confirmation: State Act, Workers Compensation & USLHA Insurances are in force and will be in force for the duration of this insurance:			
	<p>*Note: The definition of a watercraft includes any vessel or special structure other than a fixed, permanent platform which is capable of navigation either under its own power or being towed. Jack-ups, semi-submersibles and/or other barges are deemed to be watercraft for the purpose of the above questions.</p> <p>Important: This questionnaire is to be completed and signed by the insured and will form part of the maritime employers liability policy issued.</p> <p>The premium charged and the conditions of this policy are based upon the information provided in the questionnaire. Any operational and/or physical changes in the nature of the insured's Overwater operation during the policy period which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to underwriters. Any changes advised will be assessed by underwriters to enable them to decide whether they are prepared to continue to provide this coverage and at what terms.</p> <p align="center">Failure to comply with this requirement will void the policy.</p>			
	Signature (Insured):	Title:		
	Print Name (Insured):	Date:		

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