**MARITIME EMPLOYERS LIABILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** Name |  | | | |
| **2** Address | Street | City | State | Zip |
| **3** How many years have you been in business? |  | | | |
| **4 Full** details of your **OVERWATER** operations: |  | | | |
| **5** Total number of employees for **ALL** operations  (dry and wet) |  | | | |
| **6** Total number of employees exposed on \*watercraft per annum |  | | | |
| **7** Maximum number of employees exposed on \*watercraft at any one time? |  | | | |

**PAYROLL INFORMATION**

***On Land payroll must be provided, but does not affect the M.E.L. premium.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8** | ***Location*** | ***Category*** | ***Payroll*** | | ***Number of***  ***Employees*** |
| ***Current Year*** | ***Next Year*** |
| **On Land/Dock** | **a)** State Act |  |  |  |
| **b)** Longshore |  |  |  |
| **On \*Watercraft** | **c)** Dockside |  |  |  |
| **d)** Away from dock |  |  |  |
|  | **e)** **TOTAL ALL**  **PAYROLL** |  |  |  |
| Do you engage in any diving operations?  **9 IF YES**, complete the diving supplemental questionnaire. | | |  | | |
| Do you own/operate any \*watercraft?  **10**  **IF YES**, please provide **full** details: | | |  | | |
| Do employees do trial trips?  **11**  **IF YES**, how often and time involved per annum? | | |  | | |
| Full 5 year death/injury/illness record for any losses on \*watercraft including any amounts paid  **12** or reserved  Include all claims/incidents arising on \*watercraft reported to  workmen’s compensation &/or Longshore insurers. Use separate sheet if necessary | | |  | | |
| 13 Do you use any subcontractors in your business that would have a MEL exposure? | | |  | | |
| **IF YES** | | |  | | |
| **a)** What are their duties? | | |  | | |
| **b)** What is their estimated annual costs to you? | | |  | | |
| **c)** Do they have their own MEL coverage in force with at least $1mil limits. | | |  | | |
| 14 Is any work to be covered under this policy performed outside the U.S.? | | |  | | |
| **IF YES** | | |  | | |
| **a)** List all Countries likely to be worked in the coming year | | |  | | |
| **b)** Please provide a rough idea of how much of your total MEL payroll will be in those counties | | |  | | |
| **c)** If there is any work that is specific to a specific location, attach a separate schedule if needed | | |  | | |

**TIME ON BOARD \*watercraft**

|  |  |
| --- | --- |
| **15a)** Does any one employee spend more than 25% of their time on \*watercraft? |  |

**ONLY IF ANSWERED YES TO 15a**

**Please segregate employees exposed on \*watercraft by the average number of hours**

**Please ensure payroll matched the total on the On \*watercraft payroll shown in #8**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **15b)** | **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%) | |  |  | |
| **TOTAL** | |  |  | |
| 16 **a)** Current MEL insurers: | | |  | | |
| **b)** Expiry date: | | |  | | |
| **c)** Limits | | |  | | |
| **d)** Premium | | |  | | |
| **e)** Current Deductible | | |  | | |
| **f)** Current Rate | | |  | | |
| **g)** Anticipated effective date: | | |  | | |

**OTHER INSURANCE IN FORCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **17**  **Policy** | **Insurer** | **Effective**  **Date** | **Expiry**  **Date** | **Limit** | **Premium** | **Options** |
| a) State Act WC |  |  |  | Statutory |  |  |
| b) Longshore |  |  |  | Statutory |  | Including OSCLA? |
| c) P&I |  |  |  |  |  | Including crew? |

**\*Note:** The definition of a \*watercraft includes any vessel or special structure other than a fixed, permanent platform which is capa ble 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.

**Important:** This questionnaire is to be completed and signed by the insured and will form part of the maritime employers liability policy issued.

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.

**Failure to comply with this requirement will void the policy.**

|  |  |
| --- | --- |
| Signature:  Print Name: | Title:  Date: |

**MEL INSURANCE APPLICATION DIVING SUPPLEMENTARY QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| **18** | Name of insured: |  |
| **19** | Personnel: | Number of divers:  Number of divers exposed at any one time: Number of tenders exposed at any one time:  Do tenders dive? Yes No |
| **20** | Please provide a detailed description of **DIVING** operations: |  |
| **21** | Please split **DIVING** payrolls approximately as follows: | Maritime $  Longshore $ Nuclear $ Jetty & breakwater $ Pile driving $ Pile driving Longshore $ Concrete construction $ |
| **22** | Do your divers use exothermic cutting equipment? | Yes No  If yes, do they use exclusively Oxygen Free Torches, such as “Arcair”?  Yes No |
| **23** | Please provide an approximate split between the following: | Shallow air diving % Deep air diving (below 130 ft.) % Mixed gas diving % |
| **24** | Please identify which tables you will use for the following: | Air Diving  Mixed Gas Diving (HEO2) Saturation |
| **25** | What is the Maximum depth of dives? |  |

**THIS SUPPLEMENTARY QUESTIONNAIRE MUST BE SIGNED BY THE APPLICANT**

|  |  |
| --- | --- |
| Signature:  Print Name: | Title:  Date: |

**Instructions on Completing the MEL Application**

Although this application is just 17 questions (plus 8 more for diving operation), it appears to create more confusion than many twice its length. We have simplified it as far as possible, but answering these questions fully and accurately will not only speed up the quote but potentially save your client thousands or even tens of thousands of dollars.

Most of the questions are obvious, for those that are not so clear we offer the following guides:

#3 If less than 3 years attach resumes or experience

#4 Just explain OVERWATER operations

#5 Total employees for whole company

#8 The easiest way to complete this question is to work from the bottom up

In the bottom (line e) start by inserting the TOTAL of all payroll for the insured

Split this number into two parts and then subdivide that further as follows:

a. Working on or from a vessel/boat/floating or semi-submersible oilrig whist it is in the water. (it is this payroll on which the MEL premium is based)

i. Work performed away from the dock – (put this in line (d) of the question)

ii. Work performed dockside with the vessel tied up or attached to the dock (put this in line (c) of the question)

b. All other work on land or on a dock. (this is required for information, but is not part of

the premium calculation)

i. Longshore (put this in line (b) of the question)

ii. State Act – Clerical, sales, work inland, or other employees exempt from

Longshore. (put this in line (a) of the question. Just for fun, check that all the numbers still add up to the total

We recognize that these numbers are estimates… but the more accurate they are the better the

quote will be and the easier the work will be at audit time.

#10 Attach a schedule if needed

#12 Only include injuries on watercraft to employees

#15 (a) Absolutely critical question, be very careful to answer correctly

#15 (b) If 15a is yes this must be completed. Ensure payroll matches 8c and 8d

#16 (a) If none, then say none. (g) Must be complete

#17 (a) Required

(b) Must be completed unless Insured is exempt from USL&H

(c) If none, show as none