

Submission Requirements:

- ☐ ACORD Workers' Compensation Application
☐ Minimum 4 years and currently valued Loss Runs
☐ Description of operations
☐ MEL Application

MEL Application

1. Full Name of Insured: _____ Submission 1
2. Physical Address: _____ 1 Street Rd Hollywood FL 33021
 Street City State Zip
3. _____
4. _____ Fax: _____
5. How many years has Insured been in operation? 1
6. Full details of Insured's overwater operations? Providing COVID testing on Cruise ships
-
7. Total number of employees: _____ Total gross annual payroll: \$ 50,000,000
8. Total number of employees exposed overwater per annum: 75
9. Total payroll for employees exposed overwater: 250,000
10. Maximum number of employees exposed overwater at any one time: 10
11. Gross payroll split for last 12 months:
 Jones Act: \$ 2,000,000 L.S.H.W.A.: \$ 0 W.C.: \$ 50,000,000
12. Gross split for next 12 months:
 Jones Act: \$ 250,000 L.S.H.W.A.: \$ 0 W.C.: \$ 50,000,000

(Underwriters reserve the right to audit the Insured's accounts at any time, at Underwriters' expense)

13. Does the Insured engage in any diving operations? ☐ Yes ☒ No
 If yes: # of divers exposed at any one time _____
 And, # of tenders exposed at any one time _____
 Do tenders dive? ☐ Yes ☒ No
14. Does the Insured own and/or operate any *watercraft? ☐ Yes ☒ No

Please provide full details: _____

15. Do/will employees work on or from or have any connection with *watercraft during the policy period?

☐ Yes ☒ No

16. Is watercraft work done dockside and/or in Insured's yard only?

☐ Yes ☒ No

17. If shipbuilding/ship repair do employees do trial trips?

☐ Yes ☒ No

If so, how often and time involved per annum: _____

18. If employees work on or from or have any connection with watercraft away from dockside, does any one employee spend more than 25% of his/her time working on or from or in connection with watercraft?

☐ Yes ☒ No

19. Does/will the Insured have jobs of short duration overwater?

☐ Yes ☒ No

If so, please provide the maximum percentage of time during the job that any one employee will be working on or from the or in connection with the watercraft: _____%

20. Do/will employees keep any of their tools or equipment on watercraft?

☐ Yes ☒ No

21. Full 5 year death/injury/illness record including any reserves (including any claim/incident arising Overwater reported to Workers' Compensation and/or L.S.H.W.A. Insurers), use separate sheet necessary:

22. Present Insurers:

Limits carried	\$ 1,000,000
Expiring Date	07/15/2022
Premium Charged	\$
Limit Required	\$1,000,000

*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.

IMPORTANT:

THIS QUESTIONNAIRE IS TO BE COMPLETED AND SIGNED BY THE INSURED AND WILL FORM PART OF THE MARITIME EMPLOYER'S LIABILITY POLICY ISSUED. THE PREMIUM CHARGED AND THE CONDITIONS OF THIS POLICY ARE BASED UPON THE INFORMATION PROVIDED IN THIS 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.

APPLICANT SIGNATURE _____

DATE _____

PRINT NAME _____