

SafeShore Application

In order to complete the attached applications, you will need to have the following available. These items will also need to be included in your submission to Underwriting@SignalSafeShore.com.

Longshore Application

1. Longshore has a \$10,000 minimum premium.
2. Client cannot perform diving, ship breaking, demolition by explosives or operate as a labor provider.
3. Longshore premium/payroll for 4 years plus current.
4. Currently valued Longshore loss runs (less than 90 days old) for 4 years plus current year. If loss runs are combined with State Act, please indicate under which jurisdiction each loss falls.
5. Experience modification worksheet for the forthcoming policy period.
6. Current rating page(s).
7. If no prior coverage or less than 2 years in business, a copy of the owner's resume showing all prior work and management experience is required.
8. If no prior USL&H coverage, use State Act history for question 17 and include State Act Loss runs with the submission.
9. If State Act coverage is needed, please complete the State Act Supplement. If not, please provide evidence of coverage or exemption.
10. Indicate commission requested for this account:
 7.5% Commission (Longshore and MEL only)
 Net Commission

State Act Supplement – If Required

1. Attach an Acord Application for state act exposures only. Description of operations must include a full detailed narrative of ALL state act codes. (Please ensure General Information questions are completed and explained and there are no Longshore codes/payrolls included).
2. State Act premium/payroll for 4 years plus current.
3. Currently valued State Act loss runs (less than 90 days old) for 4 years plus current year. If loss runs are combined with Longshore, please indicate which jurisdiction each loss is paid under.

Maritime Employers Liability Application – If Required

For more information on how to complete the MEL app, visit: [SafeShore.online/Forms/MELInstructions](https://www.safeshore.com/Forms/MELInstructions)

Learn more about SafeShore by watching our 3-minute video at [SafeShore.online/SafeShoreIntro](https://www.safeshore.com/SafeShoreIntro)

Please email the fully completed Applications along with all items listed above to Underwriting@SignalSafeShore.com.



APPLICATION

INSURED GENERAL INFORMATION

1	Named Insured:	
2	Address:	
3	Website:	
4	FEIN:	
5	Number of years in business:	
6	Describe your Longshore Operations in full detail:	
7	Do you perform any of the following: Operate as a Labor Provider, Diving, Ship Breaking or Demolition by explosives?	
8	Any prior coverage declined / cancelled / non-renewed in the last 5 years?	
9	Any bankruptcies in the last 5 years?	
10	Please provide full details of any YES answers above:	

COVERAGE REQUESTED

11	Effective Date:	
12	What is insured Ex Mod for the forthcoming policy period?	
13	Does the Ex Mod include the prior Longshore Payroll & Claims?	
14	Do you have any exposure under the Outer Continental Shelf Lands Act (OCSLA)?	
15	Is there any work performed underground or above 15 feet? If yes, please attach full details of the exposure and relevant safety procedures.	

LONGSHORE CLASS CODE & PAYROLL

		State	F - Class Code	Payroll	# of Employees
16	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

If you have more than 10 class codes, you can attach a schedule.

PREMIUM / PAYROLL HISTORY

		Longshore Carrier	Longshore Premium	Longshore Payroll	# Claims ex. R/Os	Longshore Claims ex. R/Os (\$)	Audited Y/N
17	2021						
	2020						
	2019						
	2018						
	2017						
18	Do the payrolls, premiums, and claims above include any state act payroll, premium, and claims?						

WATERCRAFT OPERATIONS

19	Do you own / operate any watercraft?	
20	Do you have any exposure on non-owned vessels in navigation?	
Please Note: Evidence of MEL and / or P&I coverage will be required at the time of binding.		

SUBCONTRACTOR INFORMATION

21	If you use Subcontractors in your business, what exposures do they have?	
22	What are these Subcontractors' duties:	
23	Do you verify in each case they have Workers' Compensation and Longshore (if applicable) in force when working for you?	
24	Do they have their own MEL in force to at least \$1,000,000 limit?	
25	What are their Estimated Annual Costs to you?	

ADDITIONAL INFORMATION

26	Please add any other comments here:	
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I/We, hereby formally apply for coverage under the SafeShore program from SIGNAL MUTUAL INDEMNITY ASSOCIATION LTD., to be effective on the date shown above and, if accepted by its Managers, do hereby constitute and appoint the SIGNAL MUTUAL INDEMNITY ASSOCIATION LTD and its Managers to act as our agent in all matters relating to the Longshore and Harbor Workers' Compensation Act and such other coverages as accepted by its Managers. We acknowledge receipt of the Coverage Agreement setting out the Terms of the SafeShore program and we confirm that we have read, and agree to be bound by, each of those Terms.

Signature

Date

STATE ACT SUPPLEMENT

Insured General Information							
1	Named Insured:						
2	Please provide a DETAILED description of the State Act operations for this employer for each class code, excluding sales/clerical:						
3	Proposed effective date:						
4	Quote needed by date:						
5	Do you require the following:						
	Blanket Waiver of Subrogation?						
	Blanket Alternate Employer?						
6	Are there any additional entities (which are combinable) that need to be covered?						
7	Is there any work performed above 15 feet?						
8	Is there any work performed below grade?						
9	Is any work performed outside the U.S.?						
10	Premium/Payroll history for STATE ACT EXPOSURES ONLY. When entering number of Claims, please do not include "report only" claims. IF no exposure in a period enter "0" throughout.						
	Year	Carrier	Premium	Payroll	# of Claims	Claims Incurred	Audited Y/N
	2021						
	2020						
	2019						
	2018						
2017							
11	Please add any other comments here:						

SAFESHORE MARITIME EMPLOYERS LIABILITY SUPPLEMENT

1 Name	
2 Please fully describe all your work on watercraft*	

NUMBER OF EMPLOYEES

3 TOTAL all operations	TOTAL exposed on watercraft* per annum	Maximum on watercraft* any one time

PAYROLL INFORMATION

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

Location	Category	Payroll		Number of Employees
		Current Year	Next Year	
4 On Land/Dock	a) State Act			
	b) Longshore			
On watercraft*	c) Dockside			
	d) Away from dock			
	e) TOTAL ALL			

5 Do you engage in any diving operations?	
6 Do you own/operate any watercraft*? IF YES , please attach a schedule of watercraft*	
7 Do employees do trial trips? IF YES , how often and time involved per annum?	
8 Full 5 year death/injury/illness record for any losses on watercraft* including any amounts paid or reserved Include all claims/incidents arising on watercraft* reported to workmen's compensation &/or Longshore insurers. Use separate sheet if necessary.	
9 Do you use any subcontractors that would have a MEL exposure?	
10 Is any work to be covered under this policy performed outside the U.S.?	
11 Does any one employee spend more than 25% of their time on watercraft*?	

12 P&I coverage detail	Insurer	Effective Date	Expiry Date	Limit	Premium	Incl or Excl Crew?

***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 Supplement 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 this supplement. 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 supplement 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:	Title:
Print Name:	Date: