

MARITIME EMPLOYERS LIABILITY

1 Name	
2 Address	
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.

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

9 Do you engage in any diving operations? IF YES , complete the diving supplemental questionnaire.	
10 Do you own/operate any *watercraft? IF YES , please provide full details:	
11 Do employees do trial trips? IF YES , how often and time involved per annum?	
12 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.	
Do you use any subcontractors that would have a MEL exposure? IF YES	
13 a) What are their duties?	
b) What is their estimated annual costs in you?	
c) Do they have their own MEL coverage in force with at least \$1mil limits?	

Is any work to be covered under this policy performed outside the U.S.?	
IF YES	
14 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 be will in those countries
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?
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ONLY IF ANSWERED YES TO 15a

**Please segregate employees exposed on *watercraft by the average number of hours
Please ensure payroll matched the total of the ON *watercraft payroll shown in #8**

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%)		
15b Over 20 hours but not more than 30 hours (50-75%)		
Over 30 hours a week (>75%)		
TOTAL		

a)	Current MEL insurers:
b)	Expiry date:
c)	Limits
16 d)	Premium
e)	Current Deductible
f)	Current Rate
g)	Anticipated effective date:

OTHER INSURANCE IN FORCE

Policy	Insurer	Effective Date	Expiry Date	Limit	Premium	Options
17 a) State Act WC						
b) Longshore						
c) P&I						

***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 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:	Title:
Print Name:	Date: