



SAFESHORE MARITIME EMPLOYERS LIABILITY PROGRAM

Type	Maritime Employers Liability (MEL)														
Limits	Up to \$5,000,000														
Minimum Premium	\$3,000														
Occupation	<p>All forms of Maritime Employees, including but not limited to:</p> <table> <tr> <td>Consultant Engineers</td> <td>Electricians</td> </tr> <tr> <td>Safety Consultants</td> <td>Ship Yards</td> </tr> <tr> <td>Instrument Loggers</td> <td>Carpenters</td> </tr> <tr> <td>Marina Operators</td> <td>Marine Surveyors</td> </tr> <tr> <td>Stevedores</td> <td>Boat Companies</td> </tr> <tr> <td>Bilge Cleaners</td> <td>Marine Contractors</td> </tr> <tr> <td>Divers (under separate program)</td> <td></td> </tr> </table>	Consultant Engineers	Electricians	Safety Consultants	Ship Yards	Instrument Loggers	Carpenters	Marina Operators	Marine Surveyors	Stevedores	Boat Companies	Bilge Cleaners	Marine Contractors	Divers (under separate program)	
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Special Conditions	<p>This program is designed explicitly to insure your liability to your full or part time marine employees. This policy does not cover third party P&I, only liability to your employees. Nor does it cover Workers' Compensation, Longshore & Harborworkers Act, Defense Base Act, Outer Continental Shelf Act or other federal or state based compensation acts. Separate coverage should be obtained for these exposures.</p>														
Submissions	SafeShore MEL Supplement														

Please email completed applications and supporting data to:
Underwriting@SignalSafeShore.com

To learn more about SafeShore and our program advantages,
 please take just 2 ½ minutes to watch our video at <https://SafeShore.online/SafeShoreIntro>

Click <https://SafeShore.online> to view the many SafeShore Resources. Here you can visit our website, download an application, or even chat with us!

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:

M.E.L. INSURANCE APPLICATION

ENERGY PAYROLL QUESTIONNAIRE

13 Name of Insured											
14 Do you perform any work on Drilling Rigs or Platforms?											
15 Please split payroll on RIGS or Platforms as follows	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Inland (State Act)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>On land Dockside (Longshore)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>On Fixed Platforms (Longshore/OCSLA)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>To/From Fixed platforms by crew boat or other vessel (MEL)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>On Floating/Semi Semisubmersible's or other vessels (MEL)</td> <td style="text-align: right;">\$</td> </tr> </table>	Inland (State Act)	\$	On land Dockside (Longshore)	\$	On Fixed Platforms (Longshore/OCSLA)	\$	To/From Fixed platforms by crew boat or other vessel (MEL)	\$	On Floating/Semi Semisubmersible's or other vessels (MEL)	\$
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THIS SUPPLEMENTARY QUESTIONNAIRE MUST BE SIGNED BY THE APPLICANT

Signature:	Title:
Print Name:	Date: