



WA-LEAP 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.

WA- LEAP 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)?

LONGSHORE CLASS CODE & PAYROLL

	State	F - Class Code	Payroll	# of Employees
15	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
16	2019					
	2018					
	2017					
	2016					
	2015					

17 Do the payrolls, premiums, and claims above include any state act payroll, premium, and claims?

WATERCRAFT OPERATIONS

18	Do you own / operate any watercraft?	
19	Do you have P&I Including Crew in force to at least \$1mil limit?	
20	Please provide details of P&I coverage	

MEL INFORMATION

21	Do you have any exposure on non-owned vessels in navigation?		22	Do you have separate MEL in force?	
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DETAILS OF CURRENT MEL COVERAGE	
23	Insurer:
24	Expiry Date:
25	Limit:
26	Premium:
27	Deductible:
28	Rate(s):
Please Note: Evidence of MEL and / or P&I coverage will be required at the time of binding.	
SUBCONTRACTOR INFORMATION	
29	If you use Subcontractors in your business, what exposures do they have?
30	What are these Subcontractors' duties:
31	Do you verify in each case they have Workers' Compensation and Longshore (if applicable) in force when working for you?
32	Do they have their own MEL in force to at least \$1,000,000 limit?
33	What are their Estimated Annual Costs to you?
ADDITIONAL INFORMATION	
34	Please add any other comments here:

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

WA-LEAP 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: <div style="text-align: center; margin-left: 100px;">Blanket Waiver of Subrogation?</div> <div style="text-align: center; margin-left: 100px;">Blanket Alternate Employer?</div>
6	Are there any additional entities (which are combinable) that need to be covered? If yes, please provide details of those Insureds:
	Name
	Describe Operation
7	Is there any work performed above 15 feet? If yes, please provide full description of the activities performed, at what height and fall protection in use:
8	Is there any work performed below grade? If yes, please provide full description of activities, at what depth, list of confined space exposures, equipment utilized and is there a safety plan in place:
9	Are any employees leased in or out of the business? If yes, please provide full details:

10	Is any work performed outside the U.S.? If yes, please provide details of work overseas:					
	Country	Duration of Stay	State of Hire	# Employee(s) Travelling	# of Trips Per Year	Job description
11	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
	2019					
	2018					
	2017					
	2016					
2015						
12	Please add any other comments here:					

I/we hereby declare that the above information and particulars are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

 Signature

 Title

 Print Name

 Date

WA-LEAP 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		

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

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: