

## WA-LEAP USL&H APPLICATION

<b>INSURED GENERAL INFORMATION</b>					
<b>1</b>	Named Insured:				
<b>2</b>	Address:				
<b>3</b>	Website: (say none if so)				
<b>4</b>	FEIN:				
<b>5</b>	Number of years in business:				
<b>6</b>	Describe your <b>Longshore</b> Operations in full detail:				
<b>7</b>	Do you perform any of the following: Operate as a Labor Provider, Diving, Ship Breaking or Demolition by explosives?				
<b>8</b>	Any prior coverage declined / cancelled / non-renewed in the last 5 years?				
<b>9</b>	Any bankruptcies in the last 5 years?				
<b>10</b>	Please provide full details of any YES answers for 7 to 9 above:				
<b>COVERAGE REQUESTED</b>					
<b>11</b>	Effective Date:				
<b>LONGSHORE CLASS CODE &amp; PAYROLL</b>					
<b>12</b>		<b>State</b>	<b>F - Class Code</b>	<b>Payroll</b>	<b># of Employees</b>
	1				
	2				
	3				
	4				
	5				
If you have more than 5 class codes you can attach a schedule.					
<b>13</b>	Is there any casual labor and/or part time labor exposures?				
<b>14</b>	Is there any USL&H exposure outside of Washington State?				

<b>PREMIUM / PAYROLL HISTORY</b>							
		<b>Longshore Carrier</b>	<b>Longshore Premium</b>	<b>Longshore Payroll</b>	<b># Claims ex. R/Os</b>	<b>Longshore Claims ex. R/Os - (\$)</b>	<b>Audited Y/N</b>
<b>15</b>	2020						
	2019						
	2018						
	2017						
	2016						
<b>WATERCRAFT EXPOSURES</b>							
<b>16</b>	Do you own / operate any watercraft?						
<b>17</b>	Do you have any exposure on non-owned vessels in navigation?						
<b>Please Note: Evidence of MEL and / or P&amp;I coverage will be required at the time of binding.</b>							
<b>SUBCONTRACTOR INFORMATION</b>							
<b>18</b>	If you use Subcontractors in your business, what exposures do they have?						
<b>19</b>	What are these Subcontractors' duties:						
<b>20</b>	Do you verify in each case they Longshore in force when working for you?						
<b>21</b>	What are their Estimated Annual Costs to you?						
<b>ADDITIONAL INFORMATION</b>							
<b>22</b>	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