

MARITIME EMPLOYERS LIABILITY PROGRAM SUMMARY

| | | | | | | | | | | | | | | | |
|----------------------|---|----------------------|--------------|--------------------|------------|--------------------|------------|------------------|------------------|------------|----------------|----------------|--------------------|--------|-------------------|
| TYPE | Maritime Employers Liability | | | | | | | | | | | | | | |
| LIMIT | \$1,000,000 | | | | | | | | | | | | | | |
| MINIMUM PREMIUM | \$25,000 if written Monoline \$ 5,000 if written in conjunction with other supporting lines | | | | | | | | | | | | | | |
| OCCUPATION | All forms of Maritime employees including: <table border="0"> <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</td> <td>Oil & Gas Service</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 | Oil & Gas Service |
| Consultant Engineers | Electricians | | | | | | | | | | | | | | |
| Safety Consultants | Ship Yards | | | | | | | | | | | | | | |
| Instrument Loggers | Carpenters | | | | | | | | | | | | | | |
| Marina Operators | Marine Surveyors | | | | | | | | | | | | | | |
| Stevedores | Boat Companies | | | | | | | | | | | | | | |
| Bilge Cleaners | Marine Contractors | | | | | | | | | | | | | | |
| Divers | Oil & Gas Service | | | | | | | | | | | | | | |
| SPECIAL CONDITIONS | \$5,000 Minimum Deductible except Diving Operations which \$25,000 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. | | | | | | | | | | | | | | |
| SUBMISSIONS | LIG Application and Submission Worksheet. | | | | | | | | | | | | | | |

Need more information on MEL?

www.LIGMarine.com/mel.pdf



LIG Marine Managers

9600 Koger Blvd, #225 St. Petersburg, FL 33702
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Maritime Employers Liability

SUBMISSION WORKSHEET

| | | | |
|--|--|--|--|
| Name of Insured | | Class of Business | |
| Anticipated eff date | | Quote needed by | |
| Name of Agent | | Name of Agency | |
| Agent's telephone number | | Agent's facsimile number | |
| Are you Retailing <input type="checkbox"/> or Wholesaling <input type="checkbox"/> this risk | | Do you currently write this risk? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

CURRENT COVERAGE

| Section/Coverage | Insurer | Limit | Deductible | Premium | Rate |
|---|---------|-------|--|---------|------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Are current companies offering renewal? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| If YES what are terms offered, if NO why? | | | | | |

TO WHAT OTHER MARKETS HAS THIS RISK BEEN SUBMITTED WHAT OTHER QUOTES DO YOU/THE INSURED HAVE

| Section/Coverage | Insurer | Limit | Deductible | Premium | Rate |
|------------------|---------|-------|------------|---------|------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WHAT TERMS DO YOU NEED TO SECURE THE ORDER

| Section/Coverage | Limit | Deductible | Premium | Rate |
|------------------|-------|------------|---------|------|
| | | | | |
| | | | | |
| | | | | |



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Completing the MEL application

Although this application is just 15 questions (plus 7 more for diving operation), it appears to create more confusion than many times its length. We have simplified it as far as possible, but answering these questions fully and accurately will not only speed up the quote but potentially save your client thousands or even tens of thousands of dollars.

Most of the questions are obvious, for those that are not so clear we offer the following guides:

- #3 If less than 3 years attach resumes or experience
- #4 Just explain OVERWATER operations
- #5 Total employees for whole company

#8 The easiest way to complete this question is to work from the bottom up

In the bottom (line e) start by inserting the TOTAL of all payroll for the insured

Split this number into two parts and then subdivide that further as follows:

- a. Working on or from a vessel/boat/floating or semi submersible oilrig whilst it is in the water. (it is this payroll on which the MEL premium is based)
 - i. Work performed away from the dock – (put this in **line (d)** of the question)
 - ii. Work performed dockside with the vessel tied up or attached to the dock (put this in **line (c)** of the question)
- b. All other work on land or on a dock. (this is required for information, but is not part of the premium calculation)
 - i. Longshore (put this in **line (b)** of the question)
 - ii. State Act – Clerical, sales, work inland, or other employees exempt from Longshore. (put this in **line (a)** of the question.)

Just for fun, check that all the numbers still add up to the total

We recognize that these numbers are estimates... but the more accurate they are the better the quote will be and the easier the work will be at audit time.

- #10 Attach a schedule if needed
- #12 Only include injuries on watercraft to employees
- #13 (a) Absolutely critical question, be very careful to answer correctly
- #13 (b) If 13a is yes this must be completed. Ensure payroll matches 8c and 8d
- #14 (a) If none, then say none.
- (g) Must be complete
- #15 (a) Required
- (b) Must be completed unless Insured is exempt from USLH
- (c) If none, show as none
- #18 Just diving operations
- #19 ONLY diving payroll here
- #22 Must show NAMES of all tables used.

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| | | |
|---|--|-------|
| 1 | Name | |
| 2 | Address | |
| 3 | How many years have you been in business? | Years |
| 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 | |

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

| Location | Category | Payroll | Number of Employees |
|----------------|-----------------------------|---------|---------------------|
| On Land/Dock | a) State Act | | |
| | b) Longshore | | |
| On *Watercraft | c) Dockside | | |
| | d) Away from dock | | |
| | e) TOTAL ALL PAYROLL | \$ | 0 |

| | | |
|----|---|--|
| 9 | Do you engage in any diving operations? IF YES , complete the diving supplemental questionnaire. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10 | Do you own/operate any *watercraft? IF YES , please provide full details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11 | Do employees do trial trips? IF YES , how often and time involved per annum? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12 | Full 5 year death/injury/illness record including any reserves (Include any claim/incident arising on *watercraft reported to workmen's compensation &/or Longshore insurers), use separate sheet if necessary. | |

TIME ON BOARD *watercraft

| | | |
|-----|---|--|
| 13a | Does any one employee spend more than 25% of their time on *watercraft? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-----|---|--|



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ONLY IF ANSWERED YES TO 13a
Please segregate employees exposed on *watercraft by the average number of hours
Please ensure payroll matched the total on the On *watercraft payroll shown in #8

| | Average Hours Worked Per Week | # Of Employees on *watercraft | *watercraft Payroll |
|--------------|---|-------------------------------|---------------------|
| 13b | Up to 10 hours (<25%) | | |
| | Over 10 hours but not more than 20 hours (25-49%) | | |
| | Over 20 hours but not more than 30 hours (50-75%) | | |
| | Over 30 hours a week (>75%) | | |
| TOTAL | | | |
| a) | Current MEL insurers: | If none then say none | |
| b) | Expiry date: | | |
| c) | Limits | | \$ |
| 14 d) | Premium | | \$ |
| e) | Current Deductible | | |
| f) | Current Rate | | |
| g) | Anticipated effective date: | | |

15 OTHER INSURANCE IN FORCE

| Policy | Insurer | Effective Date | Expiry Date | Limit | Premium | Options |
|------------------------|---------|----------------|-------------|-----------|----------|--|
| a) State Act WC | | | | Statutory | | |
| b) Longshore | | | | Statutory | Included | Including OSCLA? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) P&I | | | | 1,000,000 | | Including crew? Yes <input type="checkbox"/> No <input type="checkbox"/> |

***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:



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M.E.L. INSURANCE APPLICATION DIVING SUPPLEMENTARY QUESTIONNAIRE

| | | |
|-----------|--|---|
| 16 | Name of insured: | |
| 17 | Personnel: | Number of divers: Number of divers exposed at any one time: Number of tenders exposed at any one time: Do tenders dive? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 18 | Please provide a detailed description of diving operations: | |
| 19 | Please split diving payrolls approximately as follows: | Maritime \$ Longshore \$ Nuclear \$ Jetty & breakwater \$ Pile driving \$ Pile driving Longshore \$ Concrete construction \$ |
| 20 | Do your divers use exothermic cutting equipment? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do they use exclusively Oxygen Free Torches, such as "Arcair"? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21 | Please provide an approximate split between the following: | Shallow air diving % Deep air diving (below 130 ft) % Mixed gas diving % |
| 22 | Please identify which tables you will use for the following: | Air Diving Mixed Gas Diving (HEO2) Saturation |

THIS SUPPLEMENTARY QUESTIONNAIRE MUST BE SIGNED BY THE APPLICANT

Signature:

Title:

Print Name:

Date:



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