

# DivePak Application Program Summary

TYPE	<ul style="list-style-type: none"> <li>• WC- USL&amp;H and State Act Workers Compensation</li> <li>• Maritime Employers Liability</li> <li>• Marine General Liability</li> <li>• Hull</li> <li>• Protection &amp; Indemnity- to include crew when need</li> <li>• Excess/Umbrella</li> </ul>
COVERAGE & LIMITS	<p><b>Section 1- WC/USL&amp;H</b> WC/Longshore- Statutory Employers Liability \$1,000,000 / \$1,000,000 / \$1,000,000 Coverage is available in all states and will offer the combination of State Act with USL&amp;H Coverage (except monopolistic states, where federal only coverage may be offered) including Outer Continental Shelf Lands Act.</p> <p><b>Section 2- Maritime Employers Liability</b> \$1,000,000</p> <p><b>Section 3- Marine General Liability/ Ship Repairer’s Legal Liability</b> \$1,000,000</p> <p><b>Section 4 – Hull, Machinery &amp; Equipment and Protection &amp; Indemnity</b> \$4,000,000 Hull, Machinery &amp; Equipment / \$1,000,000 P&amp;I</p> <p><b>Section 5- Umbrella/Excess</b> up to \$10,000,000 and higher if needed</p>
MINIMUM PREMIUM	<p>\$25,000 – WC/USL&amp;H/MEL only</p> <p>\$10,000- Monoline MEL</p> <p>\$10,000- Any combination of all other lines</p>
SECURITY	<p>“A” Rated Domestic Licensed Companies</p> <p>London based companies will be used for certain MEL cases</p>
PROGRAM FEATURES	<p>Designed to provide top service combined with aggressive pricing</p> <p>Most sections available monoline or with any combination of other coverages</p>
SUBMISSION REQUIREMENTS	<p>For WC/USL&amp;H:</p> <ul style="list-style-type: none"> <li>• Fully Completed WC Acord Application</li> <li>• Fully Completed Dive Pack Program Application</li> <li>• Fully Completed Diving Company Payroll Allocation Worksheet</li> <li>• 4 years and current loss runs- not over 3 month old</li> <li>• Latest NCCI MOD Worksheet</li> <li>• If in business LESS THAN 3 years OR no prior coverage:             <ul style="list-style-type: none"> <li>○ Resumes detailing experience in this type operation and explanation of why no coverage</li> </ul> </li> </ul> <p>For All other lines:</p> <ul style="list-style-type: none"> <li>• Fully Completed Dive Pack Program Application</li> <li>• 4 years and current loss runs- not over 3 month old</li> </ul>



## LIG Marine Managers

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# SUBMISSION WORKSHEET

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

## CURRENT COVERAGE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate
WC/USL&H					
MGL					
P&I (ex crew/cargo)					
P&I Crew Only					
MEL					
Hull					
Equipment					
Umbrella					
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
WC/USL&H				
MGL				
P&I (ex crew/cargo)				
P&I Crew Only				
MEL				
Hull				
Equipment				
Umbrella				



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# MARINE GENERAL LIABILITY COVER PACKAGE APPLICATION

1.	Insured's name:		
2.	Insured's mailing address:		
3.	Location of premises:		
4.	Loss history for past 5 years:		
5.	Complete description of operation:		
6.	Do you have a formal safety program?	YES <input type="checkbox"/> No <input type="checkbox"/>	
7.	<b>TYPE OF WORK</b>	<b>RECEIPTS</b>	
	Sales	\$ <input style="width: 50px;" type="text"/>	
	Repair	\$ <input style="width: 50px;" type="text"/>	
		\$ <input style="width: 50px;" type="text"/>	
		\$ <input style="width: 50px;" type="text"/>	
	<b>TOTAL ALL OPERATIONS</b>	\$ <input style="width: 50px;" type="text"/>	
8.	Type of clients:		
9.	On what types of vessels will you work?		
10.	Percentage work on/off premises?	ON	OFF
11.	A) Average value of vessels worked on:	A) <input style="width: 100px;" type="text"/>	
	B) Max. value of vessels worked on:	B) <input style="width: 100px;" type="text"/>	
	C) Max. value of ALL vessels in yard at one time:	C) <input style="width: 100px;" type="text"/>	
12.	A. Do you install, service or demonstrate products?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	B. Any foreign products sold, distributed, used as components.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	C. Guarantees, warranties, hold harmless agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	D. Products recalled, discontinued, changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	E. Products of others sold or repackaged under applicants label?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	F. Products under label of others?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	G. Sporting or social events sponsored?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain any "Yes" answers above:			



13.	Is all work being carried out in accordance with the local authority and fire regulations?	
14.	Describe any hazardous chemicals, flammable or explosives used:	
15.	Is there any work performed on vessels that would require gas freeing? (If yes, please produce details of gas free certification process)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, details:
16.	Years in business: (If new, attach resume of all principals to document experience)	5
17.	A) Do you subcontract work out?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount: \$ Describe:
	B) Are certificates of insurance required from subcontractors:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what limit Min? \$
18.	Name & phone # of contact person for inspection & additional information, if any:	

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:



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# SUPPLEMENTAL QUESTIONS FOR HULL, P & I AND EQUIPMENT COVER

## VESSELS

#	Name	Type	Age	Dimensions	Tonnage	Hull Sum Insured	P & I Required?
1							Yes <input type="checkbox"/> No <input type="checkbox"/>
2							Yes <input type="checkbox"/> No <input type="checkbox"/>
3							Yes <input type="checkbox"/> No <input type="checkbox"/>
4							Yes <input type="checkbox"/> No <input type="checkbox"/>
5							Yes <input type="checkbox"/> No <input type="checkbox"/>
6							Yes <input type="checkbox"/> No <input type="checkbox"/>

## EQUIPMENT

Item #	Make/ Model	Year	Value
1			
2			
3			
4			
5			
6			

### Loss History for last 5 years for Hull & Equipment:

19.	Where are vessels/equipment stored when not in use?	
20.	What security or other protections are there at this location?	
21.	Do you have a written storm/hurricane plan to protect your vessel/equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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# MARINE UMBRELLA SUPPLEMENT

## GENERAL INFORMATION

1. Named Insured:			
2. Limit Required:			
3. Number of vehicles owned:	A) Heavy Trucks:		
	B) Light Trucks:		
	C) Private:		
4. Any owned aircraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Details of any and all liability losses greater than \$50,000 in last 5 years			

## SCHEDULE OF UNDERLYING CARRIERS

6. SECTION	INSURER	LIMIT(S)	EFF/EX DATES	DEDUCTIBLE	PREMIUM
Marine General Liability					
Employers Liability					
Protection & Indemnity					
Automobile Liability					
Maritime Employers Liability					
O.P.A.					
International					

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

**Name:**

**Title:**

**Signature:**

**Date:**



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## LIG Marine Managers Diving Company Payroll Allocation Worksheet

Name of Account						Effective Date						
If multiple states - please complete one sheet per state	<b>Work Within UA ONLY</b>					<b>Work OUTSIDE USA ONLY</b>						
	State	Diving Payroll	State Act Payroll \$	Longshore Payroll \$	Admiralty Payroll \$	Diving Payroll		Payroll \$				
		Diving in land locked waters, pools, ponds etc				Diving in land locked waters, pools, ponds etc						
		Diving from docks/piers/beaches etc				Diving from docks/piers/beaches etc						
		Diving from vessels				Diving from vessels						
		<b>TOTAL DIVING PAYROLL IN USA</b>	-	-	-	<b>TOTAL DIVING PAYROLL OUTSIDE USA</b>		-				
	<i>If multiple states - please complete one sheet per state</i>											
	State	Non Diving Payroll	Code	State	Longshore	Admiralty	Non Diving Payroll	Code	Payroll \$			
		Clerical	8810				Clerical	8810				
		Sales	8742				Sales	8872				
		Insert other jobs /codes here					Insert other jobs /codes here					
	<b>TOTAL NON DIVING PAYROLL IN USA</b>			-	-	<b>TOTAL NON DIVING PAYROLL OUTSIDE USA</b>		-				

**Please complete ALL sections. If NONE please say so.**

Updated 4/2009



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

Need more information on MEL?

<http://uslh.org/MEL>





# MARITIME EMPLOYERS LIABILITY

1	Name			
2	Address	Street and City	State Only In This Box Please	Zip
3	How many years have you been in business?			
4	<b>Full</b> details of your <b>OVERWATER</b> operations:			
5	Total number of employees for <b>ALL</b> 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.*

	<i>Location</i>	<i>Category</i>	<i>Payroll</i>	<i>Number of Employees</i>
8	On Land/Dock	a) State Act		
		b) Longshore		
	On *Watercraft	c) Dockside		
		d) Away from dock		
			<b><i>TOTAL ALL PAYROLL</i></b>	

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



<b>14</b>	Is any work to be covered under this policy performed outside the U.S.?  IF YES	
	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 will be in those counties	
	c) If there is any work that is specific to a specific location, attach a separate schedule if needed	

**TIME ON BOARD \*watercraft**

<b>15a)</b>	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 on the On \*watercraft payroll shown in #8**

	<b>Average Hours Worked Per Week</b>	<b># Of Employees on *watercraft</b>	<b>*watercraft Payroll</b>
<b>15b)</b>	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%)		
	<b>TOTAL</b>		

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



**OTHER INSURANCE IN FORCE**

	<b>Policy</b>	<b>Insurer</b>	<b>Effective Date</b>	<b>Expiry Date</b>	<b>Limit</b>	<b>Premium</b>	<b>Options</b>
17	a) State Act WC				Statutory		
	b) Longshore				Statutory		Including OSCLA?
	c) P&I						Including 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 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:



# MEL INSURANCE APPLICATION DIVING SUPPLEMENTARY QUESTIONNAIRE

<b>18</b>	Name of insured:	
<b>19</b>	Personnel:	Number of divers: Number of divers exposed at any one time: Number of tenders exposed at any one time: Do tenders dive? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
<b>20</b>	Please provide a detailed description of <b>DIVING</b> operations:	
<b>21</b>	Please split <b>DIVING</b> payrolls approximately as follows:	Maritime \$ Longshore \$ Nuclear \$ Jetty & breakwater \$ Pile driving \$ Pile driving Longshore \$ Concrete construction \$
<b>22</b>	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"/>
<b>23</b>	Please provide an approximate split between the following:	Shallow air diving % Deep air diving (below 130 ft) % Mixed gas diving %
<b>24</b>	Please identify which tables you will use for the following:	Air Diving Mixed Gas Diving (HEO2) Saturation
<b>25</b>	What is the Maximum depth of dives?	

**THIS SUPPLEMENTARY QUESTIONNAIRE MUST BE SIGNED BY THE APPLICANT**

Signature:	Title:
Print Name:	Date:

