

MEL APPLICATION DIVING SUPPLEMENTARY QUESTIONNAIRE

DIVING INFORMATION

18. Name of Insured:	
19. 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"/>
20. Please provide a detailed description of DIVING operations:	
21. Please split DIVING payrolls approximately as follows:	Maritime \$
	Longshore \$
	Nuclear \$
	Jetty & breakwater \$
	Pile driving \$
	Pile driving Longshore \$
	Concrete construction \$
22. 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"/>
23. Please provide an approximate split between the following:	Shallow air diving %
	Deep air diving (below 130 ft) %
	Mixed gas diving %
24. Please identify which tables you will use for the following:	Air Diving
	Mixed Gas Diving (HEO2)
	Saturation
25. What is the Maximum depth of dives?	

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree

THIS SUPPLEMENTARY QUESTIONNAIRE MUST BE SIGNED BY THE APPLICANT

Signature: _____

Title: _____

Print Name: _____

Date: _____



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