

COMMERCIAL DIVING ACCOUNTS USL&H, STATE ACT WORKERS COMPENSATION AND MARITIME EMPLOYERS LIABILITY (MEL)

PROGRAM SUMMARY

TYPE	<ul style="list-style-type: none"> • USL&H and State Act Workers Compensation • Maritime Employers Liability
MINIMUM PREMIUM	\$ 25,000 Combined or, \$ 10,000 for Monoline MEL
PROGRAM AVAILABILITY	Coverage is available in all states and will offer the combination of State Act with USL&H Coverage (except monopolistic states, where federal only coverage may be offered) including Outer Continental Shelf Lands Act.
SECURITY	<ul style="list-style-type: none"> • USL&H and State Act WC : Domestic, Licensed carriers • Maritime Employers Liability : London \$1,000,000 Limit
SUBMISSION REQUIREMENTS	<ul style="list-style-type: none"> • Fully completed WC Acord Application • Fully completed MEL Application • Fully completed Diving Company Payroll Allocation Worksheet • 4 years and current year loss runs – not over 3 months old • Latest NCCI MOD worksheet • If in business LESS THAN 3 years OR no prior coverage: Resumes detailing experience this type operation and an explanation of why no prior coverage

PREMIUM/CLAIM INFORMATION – Please complete			
<u>Year:</u>	<u>Premium</u>	<u>\$ Incurred Claims</u>	<u># Claims</u>
Current Year			
Prior Year			
2nd Prior Year			
3rd Prior Year			
Any owned / chartered aircraft?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SEND YOUR SUBMISSION TO: SUBMIT@LIGMarine.com OR FAX IT TO: 727-578-9977



LIG Marine Managers
 111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
 (727) 578-2800
SUBMIT@LIGMarine.com
 Commercial Diving Accounts Application

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>



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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	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
8	On Land/Dock	a) State Act		
		b) Longshore		
	On *Watercraft	c) Dockside		
		d) Away from dock		
			e) TOTAL ALL PAYROLL	

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			
13	Do you use any subcontractors in your business that would have a MEL exposure?			
	IF YES			
	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.		



14	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

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 on the On *watercraft payroll shown in #8**

	Average Hours Worked Per Week	# Of Employees on *watercraft	*watercraft Payroll
15b)	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		

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

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Policy	Insurer	Effective Date	Expiry Date	Limit	Premium	Options
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

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?	

THIS SUPPLEMENTARY QUESTIONNAIRE MUST BE SIGNED BY THE APPLICANT

Signature: _____ Title: _____
 Print Name: _____ Date: _____

