# LIGMarine.com





# DELIVERING LONGSHORE COVERAGE AT ITS BEST

#### From simple to complex, either a single state or every state, you will find LIG leading the way in COVERAGE.

LIG provides a unique combination of comprehensive Longshore coverage, with speedy and efficient turn-around service. Our knowledgeable Longshore experts and dedicated efficient staff are here to structure programs that best fit the needs of your clients.

# THE LIG COMMITMENT

#### **Educational Training and Resources**

LIG provides all the tools needed for a complete understanding of Longshore:

- Online Videos
- Longshore Blog
- Longshore Toolbox
- For a List of our Upcoming Seminars visit: LIGMarine.com

### LIG LONGSHORE COVERAGE

#### LONGSHORE LITE

• Premiums \$10,000-\$200,000

#### LONGSHORE MONOLINE

- Premiums \$10,000 & up
- Including single projects

#### LONGSHORE CUSTOM

- Premiums from \$200,000 into the millions
- Custom solutions
- Packaged with WC & MEL or Monoline

#### Special Programs Tailor-made for:

- Marine Labor Providers
- Divers
- Bridge Painters

# CONTACT



#### SUBMISSIONS: Submit@LIGMarine.com



#### QUESTIONS: Ask@LIGMarine.com

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490 1st Ave S, Suite 150, St. Petersburg, FL 33701

St Petersburg, FL (727) 578-2800 **Houston, TX** (713) 853-9442

San Francisco, CA (415) 690-6214 Philadelphia, PA (215) 554-6777

**London, UK** +44 20710 13935

| n  | gshore Supplemental Application  |                           |            |                                     |
|----|--|---------------------------|------------|-------------------------------------|
|    | nployer Name:  |                           |            |                                     |
|    | nployer Primary Contact:   |                           |            |                                     |
|    | nail:  |                           |            |                                     |
|    |  |                           |            |                                     |
| et | and Employee Management  |                           |            |                                     |
| 1  | Check all methods used prior to hiring employees:                                    |                           |            |                                     |
|    | Pre-Employment Physicals   | Medical Questionnaire     |            |                                     |
|    | Motor Vehicle Record Screening   | Criminal Background Check |            |                                     |
| 2  | Does the applicant conduct employee safety orienta                                   | tion training?            |            | 🗌 Yes 🗌 No                          |
| 3  | Does the applicant have a formal written safety prog                                 |                           | Yes No     |                                     |
| 4  | Does the applicant have a formal fall protection pro<br>If yes, explain:             |                           | Yes No     |                                     |
| 5  | Does the applicant have a fleet safety program in pl<br>If yes, explain:             |                           | Yes No     |                                     |
| 5  | Is there an appointed Safety Director?   |                           |            | 🗌 Yes 🗌 No                          |
|    | If yes, enter name of person responsible:  |                           |            |                                     |
| 7  | Are safety meetings and training conducted?<br>If yes, how often?                    |                           |            | Yes No                              |
| 3  | Does the applicant review and/or document acciden                                    |                           | 🗌 Yes 🗌 No |                                     |
| )  | Does the applicant have a formal return-to-work pro-                                 | ogram in place?           |            | 🗌 Yes 🗌 No                          |
|    | If no, are you willing to implement a return-to-work                                 |                           | 🗌 Yes 🗌 No |                                     |
| 0  | Do any employees work on vessels while the vessel is away from the dock?             |                           |            | 🗌 Yes 🗌 No                          |
| l  | Do employees use personal protective equipment?                                      |                           |            | 🗌 Yes 🗌 No                          |
| 2  | Does the applicant have a formal drug testing progr<br>If yes, check all that apply: |                           | 🗌 Yes 🗌 No |                                     |
|    | Pre-employment/Post-offer  | Dest-Accident             |            |                                     |
|    | Employee Assistance Program  | Random – Percentage:      |            | %                                   |
| 3  | Does the applicant provide health insurance?   |                           |            | 🗌 Yes 🗌 No                          |
| -  | What is the average weekly wage rate for the applic                                  | ant's governing code?     | per        | $\Box_{\text{Hr}} \Box_{\text{Wk}}$ |

| Please fill in the correct amount for each of the following: <ul> <li></li></ul>  | Premium, Payroll, and  | Experience Mod H        | istory              |                        |                     |                                       |  |  |  |
|---|------------------------|-------------------------|---------------------|------------------------|---------------------|---------------------------------------|--|--|--|
| Carrier   | Please fill in the co  | rrect amount for eac    | h of the following: |                        |                     |                                       |  |  |  |
| Premium       Payroll         Payroll       Please attach a copy of the current experience mod worksheet.       Attached         Please attach a copy of the renewal term experience mod worksheet.       Attached         Additional Coverages Required       Please select any additional coverage(s) required for the applicant (check all that apply): <ul> <li>Outer Continental Shelf Lands Act Endorsement</li> <li>Blanket Waiver of Sabrogation</li> <li>Atternate Employer</li> <li>Additional comments or remarks:</li> <li>Additional comments or remarks:</li> <li>Additional Please Attach the Following</li> <li>A fully completed WC Acord Application</li> <li>At minimum current and 4 prior terms loss runs - not over 3 months old</li> <li>If in business for LESS THAN 3 years OR if no prior coverage:</li> <li> <ul> <li>Resume of Principal(s) detailing experience in this type of operation and an explanation of why no prior coverage</li> <li>Insured:</li> <li>Phone Number</li> <li>Agent:</li> <li>Phone Number</li> <li>Date</li> <li>Phone Number</li> </ul> </li> </ul>   |                        | Current Term            | 1st Prior           | 2nd Prior              | 3rd Prior           | 4th Prior                             |  |  |  |
| Payroll   | Carrier                |                         |                     |                        |                     |                                       |  |  |  |
| Experience Mod  | Premium                |                         |                     |                        |                     |                                       |  |  |  |
| Please attach a copy of the current experience mod worksheet.       Attached         Please attach a copy of the renewal term experience mod worksheet.       Attached         Additional Coverages Required       Please select any additional coverage(s) required for the applicant (check all that apply): <ul> <li>Outer Continental Shelf Lands Act Endorsement</li> <li>Blanket Waiver of Subrogation</li> <li>Alternate Employer</li> </ul> Additional comments or remarks:   | Payroll                |                         |                     |                        |                     |                                       |  |  |  |
| Please attach a copy of the renewal term experience mod worksheet.   Attached  Additional Coverages Required  Please select any additional coverage(s) required for the applicant (check all that apply):     Otter Continental Shelf Lands Act Endorsement   Blanket Waiver of Subrogation   Alternate Employer  Additional comments or remarks:         Additional Requirements - Please Attach the Following  Additional Requirements - Please Attach the Following Additional Requirements - Please Attach the Following Additional comments or remarks:         Additional Requirements - Please Attach the Following Additional comments of the solowing A fully completed WC Acord Application A fully completed By Issued S THAN 3 years OR if no prior coverage:  | Experience Mod         |                         |                     |                        |                     |                                       |  |  |  |
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| Outer Continental Shelf Lands Act Endorsement       Blanket Waiver of Subrogation         Additional comments or remarks:       Blanket Waiver of Subrogation         Additional comments or remarks:       Subrogation         Additional Requirements- Please Attach the Following       Subrogation         Additional Requirements- Please Attach the Following       Subrogation         Additional Requirements- Please Attach the Following       Subrogation         At minimum current and 4 prior terms loss runs - not over 3 months old       If in business for LESS THAN 3 years OR if no prior coverage:         • Resume of Principal(s) detailing experience in this type of operation and an explanation of why no prior coverage       Insured:         Insured:   |                        |                         | . 16 4              |                        | . 1 .               |                                       |  |  |  |
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| Additional comments or remarks:   | Outer Contine          | ental Shelf Lands Act I | Endorsement         | Blanket Wai            | iver of Subrogation |                                       |  |  |  |
| Additional comments or remarks:   | Alternate Em           | plover                  |                     |                        |                     |                                       |  |  |  |
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