

# DIVEPAK APPLICATION PROGRAM SUMMARY

TYPE	WC- USL&H and State Act Workers Compensation, Maritime Employers Liability, Marine General Liability, Hull, Protection & Indemnity- to include crew when need, Excess/Umbrella.
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>            \$5,000,000 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	\$50,000 - WC/USL&H/MEL only \$10,000 - Monoline MEL \$10,000 - Any combination of all other lines
SECURITY	"A" Rated Domestic Licensed Companies London based companies will be used for certain MEL cases
PROGRAM FEATURES	Designed to provide top service combined with aggressive pricing Most sections available monoline or with any combination of other coverages
SUBMISSION REQUIREMENTS	<p><b>For WC/USL&amp;H:</b>            Fully Completed WC Acord Application            Fully Completed Dive Pack Program Application            Fully Completed Diving Company Payroll Allocation Worksheet            4 years and current loss runs - not over 3 month old            Latest NCCI MOD Worksheet            If in business LESS THAN 3 years OR no prior coverage:                Resumes detailing experience in this type operation and explanation of why no coverage</p> <p><b>For All other lines:</b>            Fully Completed Dive Pack Program Application            4 years and current loss runs - not over 3 months old</p>

# SUBMISSION WORKSHEET

## GENERAL INFORMATION

Name of Insured:			
Anticipated Eff Date:		Quote Needed by:	
Name of Agent:		Name of Agency:	
Agent's Telephone:		Agent's Email:	
Relationship:	Retailing <input type="checkbox"/> Wholesaling <input type="checkbox"/>		
Do you currently write this risk?	Yes <input type="checkbox"/> No <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     No

If YES, what are Terms Offered, If NO, Why?

## TO WHAT OTHER MARKETS HAS THIS RISK BEEN SUBMITTED, WHAT OTHER QUOTES DO YOU/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				



# MARINE PACKAGE APPLICATION

## GENERAL INFORMATION

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"/>
TYPE OF WORK	RECEIPTS
Sales	\$
Repair	\$
7.	\$
	\$
	\$
TOTAL ALL OPERATIONS	\$
8. Type of clients:	
9. On what types of vessels will you work?	
10. Percentage work on/off premises?	% ON      % OFF
A. Average value of vessels worked on:	
11. B. Max. value of vessels worked on:	
C. Max. value of ALL vessels in yard at one time:	
A. Do you install, service or demonstrate products?	Yes <input 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"/>
12. E. Products of others sold or repackaged under applicant's 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?	



# MARINE PACKAGE APPLICATION

..... CONT'D	
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)	
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:	

**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.

I/we hereby declare that the above information and 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"/>

19. If Crew coverage is desired, please advise maximum # of Crew working on ALL vessels at any one time:

## EQUIPMENT

Make / Model	Year	Value
1.		
2.		
3.		
4.		
5.		
6.		

20. Loss History for last 5 years for Hull & Equipment:

21. Where are vessels/equipment stored when not in use?

22. What security or other protections are there at this location?

23. Do you have a written storm/hurricane plan to protect your vessel/equipment?      Yes       No



# MARINE UMBRELLA SUPPLEMENT

## GENERAL INFORMATION

24. Named Insured:	_____
25. Limit Required:	\$ _____
26. Number of vehicles owned:	A. Heavy Trucks: B. Light Trucks: C. Private:
27. Any owned aircraft?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Details of all liability losses greater than \$50,000 in last 5 years:	_____

## SCHEDULE OF UNDERLYING CARRIERS

Section	Insurer	Limit (s)	Eff/Ex Dates	Deductible	Premium
Marine General Liability					
Employers Liability					
29. Protection & Indemnity					
Automobile Liability					
Maritime Employers Liability					
O.P.A.					
International					

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I/we hereby declare that the above information and 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: \_\_\_\_\_



# DIVING COMPANY PAYROLL ALLOCATION WORKSHEET

## PAYROLL ALLOCATION WORKSHEET

Name of Account: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Work WITHIN USA Only						Work OUTSIDE USA Only			
If Multiple States - please complete one sheet per state	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			
	TOTAL DIVING PAYROLL WITHIN USA						TOTAL DIVING PAYROLL OUTSIDE USA		
	State	Non Diving Payroll	Code	State	Longshore	Admiralty	Non Diving Payroll	Code	Payroll \$
		Clerical	8810				Clerical	8810	
		Sales	8742				Sales	8872	
TOTAL NON DIVING PAYROLL WITHIN USA						TOTAL NON DIVING PAYROLL OUTSIDE USA			

If Multiple Countries - please complete one sheet per country

Please complete ALL sections. If NONE please say so.



# 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:

## APPLICATION GUIDE

- #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**)
  - ii. Work performed dockside with the vessel tied up or attached to the dock (put this in **line c**)
- 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**)
  - ii. State Act – Clerical, sales, work inland, or other employees exempt from Longshore. (put this in **line a**).

### **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
- #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



# MARITIME EMPLOYERS LIABILITY

## GENERAL INFORMATION

1. Name:				
2. Address:	Street	City	State	Zip
3. Number of years 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 MEL 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.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Do you own/operate any *watercraft?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. IF YES, please provide full details: Do employees do trial trips?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. IF YES, how often and time involved per annum? 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			



# MARITIME EMPLOYERS LIABILITY

## PAYROLL INFORMATION CONT'D

13. Do you use any subcontractors in your business that would have a MEL exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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) Is there any work that is specific to a specific location? If YES please give details. Attach a separate schedule if needed.	Yes <input type="checkbox"/> No <input type="checkbox"/>

## TIME ON BOARD \*WATERCRAFT

15. a) 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 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

15. b) Average Hours Worked Per Week	# Of Employees on *Watercraft	*Watercraft Payroll
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>		

**\*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.



# MARITIME EMPLOYERS LIABILITY

## MEL INSURANCE IN FORCE

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

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

### 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.

**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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# 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?	

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



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