

Continental Underwriters, Ltd.

2235 North Highway 190 – PO Box 2070 – Covington, LA 70434

Telephone: Covington 985-898-5300
New Orleans 504-581-7493

Fax: 985-898-5324
www.cultd.com

MARITIME EMPLOYER'S LIABILITY APPLICATION

1. GENERAL INFORMATION

- A. Full Name of Applicant: _____
- B. Date Started Business: ____/____/____
- C. Prior Business Name (If Any): _____
- D. Office Location/Address: _____
Street City State Zip
- E. Years At This Location: _____
- F. Mail Address (If Different From Office): _____
Street City State Zip
- G. Number of: Full-time Employees: _____ Part-time Employees: _____

2. OFFSHORE OPERATIONS

- A. Detailed Description of Offshore Operations:

- B. Estimated Total Number of Employees Exposed to Offshore Operations Each Year: _____
- C. Estimated Maximum Number of Employees Exposed Offshore at Any One Time: _____
- D. If Diving Operations Are Conducted:
(1) Number of Divers Exposed At Any One Time: _____
(2) Number of Tenders Exposed At Any One Time: _____
(3) Do Tenders Dive? Yes / No
- E. Gross Over Water Payroll Split: (1) Jones Act \$ _____ (2) LSHWA Act \$ _____
- F. Does Applicant Own and/or Operate Any Watercraft: Yes / No

(Definition of a Watercraft - A Vessel or Structure Other Than a Fixed Permanent Platform Which Is Capable Of Navigation, Either Under Its Own Power Or While Being Towed. Jack-ups, Semi-submersibles And Similar Structures Are Deemed To Be Vessels.)

If Yes, State Full Watercraft Details:

G. Do Employees Work On Or From Watercraft? Yes / No

H. Are Tools And Equipment Used By Employees Kept On Watercraft? Yes / No

3. LOSS EXPERIENCE

Provide A Full 5-Year Death And Injury Record Including Any Reserves:

Date Of Loss	Description	Gross Amount

4. PRESENT INSURANCE

A. Current Insurer(s): _____

B. Limit(s) Carried: \$ _____

C. Premium(s): \$ _____

D. Limit Required: \$ _____

E. Suggested Rates: \$ _____

F. Do You Have A Firm Order On Above Basis? Yes / No

5. TERRORISM INSURANCE YES ___ NO ___

I/We hereby attest that the information provided above is complete and accurate to the best of my/our knowledge and believe, and it is our understanding, that underwriters shall rely heavily upon the information and representations provided in determining the acceptability and rates and conditions of coverage. I/We further understand that the information above is the basis of insurance, if granted, but providing such information does not obligate me to accept the insurance, nor is The Company obligated to accept the risk. Any misrepresentation or omission may constitute grounds for immediate cancellation and denial of claims, if any. I/We also understand that this application shall be attached to and form part of the policy, should one be issued.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ Tel: (____) _____

Email Address: _____

Company Web Site: _____