

MARITIME EMPLOYERS LIABILITY PROGRAM SUMMARY

TYPE	Maritime Employers Liability														
LIMITS	\$1,000,000														
MINIMUM PREMIUM	\$10,000 if written Monoline \$5,000 if written in conjunction with other supporting lines														
OCCUPATION	All forms of Maritime employees including: <table border="0"> <tr> <td>Consultant Engineers</td> <td>Electricians</td> </tr> <tr> <td>Safety Consultants</td> <td>Ship Yards</td> </tr> <tr> <td>Instrument Loggers</td> <td>Carpenters</td> </tr> <tr> <td>Marina Operators</td> <td>Marine Surveyors</td> </tr> <tr> <td>Stevedores</td> <td>Boat Companies</td> </tr> <tr> <td>Bilge Cleaners</td> <td>Marine Contractors</td> </tr> <tr> <td>Divers (Under separate program)</td> <td></td> </tr> </table>	Consultant Engineers	Electricians	Safety Consultants	Ship Yards	Instrument Loggers	Carpenters	Marina Operators	Marine Surveyors	Stevedores	Boat Companies	Bilge Cleaners	Marine Contractors	Divers (Under separate program)	
Consultant Engineers	Electricians														
Safety Consultants	Ship Yards														
Instrument Loggers	Carpenters														
Marina Operators	Marine Surveyors														
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Bilge Cleaners	Marine Contractors														
Divers (Under separate program)															
SPECIAL CONDITIONS	\$5,000 Minimum Deductible This program is designed explicitly to insure your liability to your full or part time marine employees. This policy does not cover third party P & I, only liability to your employees. Nor does it cover Workers Compensation, Longshore & Harborworkers Act, Defense Base Act, Outer Continental Shelf Act or other federal or state based compensation acts. Separate coverage should be obtained for these exposures.														
SUBMISSIONS	LIG Application and Submission Worksheet														

Please email completed applications & supporting data to: SUBMIT@LIGMarine.com

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. Named Insured:				
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
		Current Year	Next Year	
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? IF YES, please provide full details:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. 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 matches 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%)		
TOTAL		

***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						
	b) Longshore						
	c) P&I						

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.

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.

Signature: _____

Title: _____

Print Name: _____

Date: _____



LIG Marine Managers

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

(727) 578-2800

SUBMIT@LIGMarine.com

www.LIGMarine.com

MEL APPLICATION Energy SUPPLEMENTARY QUESTIONNAIRE

36. Name of Insured:			
Do you perform any work on			
37. Drilling Rigs or Platforms?:	Yes	No	
38. Please split payrolls on RIGS or Platforms as follows:	Inland	\$	State Act
	On Land Dockside	\$	Longshore / OCSLA
	On Fixed Platforms	\$	
	To/From Fixed platforms by crew boat or other vessel	\$	MEL
	On Floating/Semi Semisubmersible's or other vessels	\$	

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THIS SUPPLEMENTARY QUESTIONNAIRE MUST BE SIGNED BY THE APPLICANT

Signature: _____

Title: _____

Print Name: _____

Date: _____



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