

LONGSHORE SUPPLEMENTAL APPLICATION

1 Insured's Name				
2 Primary Contact				
3 Address	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
4 Phone Number				
5 Email Address				
6 Website				
7 Description of Operations				

SAFETY AND EMPLOYEE MANAGEMENT

8 Check all methods used prior to hiring employees:	<input type="checkbox"/> Pre-Employment Physicals	<input type="checkbox"/> Medical Questionnaire
	<input type="checkbox"/> Motor Vehicle Record Screening	<input type="checkbox"/> Criminal Background Check
9 Does the applicant conduct employee safety orientation training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10 Does the applicant have a formal written safety program in place? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 Does the applicant have a formal fall protection program in place? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the applicant have a fleet safety program in place? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13 Is there an appointed Safety Director? If yes, enter the name of the person responsible:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14 Are safety meetings and training conducted? If yes, how often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15 Does the applicant review and/or document accident investigations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16 Does the applicant have a formal return-to-work program in place? If No, are you willing to implement a return to work program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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17	Do any employees work on vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Do employees use personal protective equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Does the applicant have a formal drug testing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, check all that apply:	
	<input type="checkbox"/> Pre-employment/Post-offer	<input type="checkbox"/> Post-Accident
	<input type="checkbox"/> Employee Assistance Program	<input type="checkbox"/> Random – Percentage: _____%
20	Does the applicant provide health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	What is the average weekly wage rate for the applicant's governing code?	

PREMIUM, PAYROLL AND EXPERIENCE MOD HISTORY

22	2017	2016	2015	2014	2013
Premium					
Payroll					
Experience Mod					

ADDITIONAL COVERAGES REQUIRED

23 Select any additional coverage(s) required for the applicant (check all that apply):	<input checked="" type="checkbox"/> USL&H Endorsement <input type="checkbox"/> OCSLA Endorsement	<input checked="" type="checkbox"/> Blanket Waiver of Subrogation <input type="checkbox"/> Alternate Employer
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24 Additional comments or remarks: _____

The premium charged and the conditions of this policy are based on 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.

Name: _____

Title: _____

Signature: _____

Date: _____