

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Energy MEL Application
		ENERGY Division Email to EG@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS and Notification: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE OWNER, PARTNER, OR OFFICER OF THE COMPANY AND WILL FORM A PART OF THE POLICY, IF ONE IS ISSUED. 3. Please read the statements at the end of this application carefully. Thank you! 		

MARITIME EMPLOYERS LIABILITY APPLICATION

THE DEFINITION OF A WATERCRAFT IS A VESSEL OR STRUCTURE, OTHER THAN A FIXED PERMANENT PLATFORM, CAPABLE OF NAVIGATION EITHER UNDER ITS' OWN POWER OR BEING TOWED. JACK-UPS, SEMI-SUBMERSIBLES, AND SIMILAR STRUCTURES ARE DEEMED TO BE WATERCRAFT FOR THE PURPOSE OF THIS APPLICATION.

I. APPLICANT INFORMATION:

Retail Agent: _____

Retail Agent's Address: _____

Retail Agent's City, State, and Zip _____

Effective Date: _____ Quote by: _____

Name of Applicant: _____

Applicant's Main Address: _____

Website: _____ Years in business: _____

Corp: Partnership: Individual: Joint Venture:

Other: _____

Detailed and full description of operation(s) on land and over water:

Note: any operations or entities not shown and explained in detail will not be covered by any insurance that might be provided.

II. EXPOSURE INFORMATION:

Total Gross Revenue \$: _____

Total # of employees #: _____

	Total Gross Onshore/ Offshore Payroll	Total Over Water Payroll	Jones Act Payroll	# of Jones Act Employees	USL&H Payroll	# of USL&H Employees
Next 12 months						
Geophysical Exploration						
Research						
Oil Rig or Platform Positioning or Dismantling						
Oil or Gas Well Supplies or Equipment (New or Used)						
Drilling /Construction Supervisors/Consultants						
Lease Operations including Gathering & Systems						
Oil Well Servicing						
Pipeline Construction						
Pipeline Operations						
Production Platform Maintenance including Gaugers						
Electrical Apparatus Installation, Service, Repair						
Contractors Equipment – Rented with Operator						
Welding Consultant–Supervision Consultant–Labor						
Oil or Gas Well Drilling or Redrilling- (Including but not limited to Perforating, Instrument Logging, Fishing, Etc.)						
Other						
If other, please explain:						

EMPLOYEE EXPOSURES:

1. In what waters do most of your overwater employees work? _____
2. How many employees are sent offshore per year? _____
3. How many employees are sent offshore at one time? _____
4. How many employees are sent offshore to the same location at one time? _____
5. Do any individual employees spend more than 25% of their time, on or off duty, on board watercraft? Yes No
If yes, how many? _____
6. How are your employees transported offshore to the jobsite? _____

7. Do employees keep any tools or equipment on watercraft? Yes No
8. Does the applicant own, operate or charter any watercraft? Yes No
If yes, please provide full details. _____

9. Will employees work on, from or have connection with watercraft during the policy period? Yes No
If yes, is watercraft work done at dockside or away from dockside? _____
10. Are your employees involved in shipbuilding or ship repair? Yes No
If yes, are your employees involved in trial trips? Yes No
If yes, how often and for how long? Yes No
11. Are there times when your employees will be assigned to work on a fixed offshore platform but sleep on a watercraft? Yes No
12. What are your pre-employment hiring practices? _____

III. INSURANCE:

Combined single limit requested: \$ _____

Past MEL Insurance History (1 is expiring year.)

Year	1	2	3	4	5
Carrier					
Limit					
Premium					
Gross Over Water Payroll:					
1. Jones Act Payroll					
2. USL&H Payroll					
Deductible					
Total Workers Compensation Payroll:					
WC Modifier					

Has any carrier cancelled or refused to renew in the last 5 years? Yes No
 (If yes, please explain.)

IV. LOSS HISTORY

(All loss information is to be shown as if no deductible applied)

Loss Summary (5 years) (Attach loss runs valued in the last 3 months.)

Policy Period	# Claims	Paid	Open Reserve	Expense	Total Incurred

Provide details on any individual losses over \$25,000.

V. CONTACT INFORMATION

In case of an accident, who is the contact on a 24 hour/7 day basis? _____

Primary Accident Investigation Coordinator: _____

Phone Number: _____

Secondary Accident Investigation Coordinator: _____

Phone Number _____

If necessary, please use the space below to add any additional Accident Investigation Coordinators:

NOTICE TO APPLICANT:

This application is to be completed and sign by the owner, partner or officer of the company and will form a part of the policy. The Insurer will rely upon this application and all such attachments in issuing the policy if coverage is offered by us for this applicant. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The premium charged and the conditions of the policy, if issued, are based upon information in this application. The insured and their agent or broker is required to promptly notify the insurance carrier of any change to the nature, extent or size of the insureds over water operations.

In New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

Acts of misrepresentation, omission or failure to properly notify us of changes in your operation will result in cancellation of the coverage and denial of any claims presented.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: