

## Maritime Supplement

1. Name and address of insured:

Has insured operated a similar business under another name during the past 5 years?

2. Complete description of insured's over water operations:

3. Does insured engage in diving?

4. Does insured own, operate or charter operate any \*watercraft?  
If yes, provide full details:

5. A. Do employees work on or from \*watercraft?  
 B. Do employees regularly work on or from a vessel or fleet of vessels which is/are owned or operated by the same company?  
 C. Employees spend more than 25% of their time in employment on board \*watercraft, either on or off duty? \_\_\_\_\_ If yes, how many and in what percentages?  
 D. If employees work on or from offshore fixed platforms, do they sleep on the vessels or quarters barges?  
 E. Do employees keep any of their tools or equipment on \*watercraft?  
 F. Is \*watercraft work done dockside and/or in insured's yard only?  
 G. If ship building/ship repair, do employees do trial trips? \_\_\_\_\_ If yes, how often and time involved per annum.  
 H. Any work done off of pipe laying or derrick barges other than at dockside?  
 I. Total number of employees exposed over water per annum:  
 Exposed at any one time: \_\_\_\_\_ Any one place: \_\_\_\_\_  
 Projected average # of over water days for total work force per month on:  
 Fixed platforms: \_\_\_\_\_ Vessels/Jack-up Rigs: \_\_\_\_\_

6. Insured's prior, current and projected annual payrolls:

	<u>Year Prior</u>	<u>Current</u>	<u>Projected</u>	<u># of Employees</u>
A. Gross Payroll:	\$ _____	\$ _____	\$ _____	_____
B. Jones Act:	\$ _____	\$ _____	\$ _____	_____
C. USL&H:	\$ _____	\$ _____	\$ _____	_____