OSPREY UNDERWRITING AGENCY LIMITED

MARITIME EMPLOYER'S LIABILITY APPLICATION FORM

1) A. Full name and address of Assured:

B. How many years has Assured been in operation:

2) Full details of Assured's overwater operations:

3) Total number of employees: 4) Total Gross annual Payroll:

5) Total number of employees exposed overwater per annum:

6) Maximum number of employees exposed overwater at any one time:

7) Gross overwater payroll split for last 12 months: A) Jones Act:

B) L.S.H.W.A.:

8) Gross overwater payroll split for next 12 months: A) Jones Act:

B) L.S.H.W.A.:

(Underwriters reserve the right to audit the Assured's accounts at any time, at Underwriters expense)

9) Does the Assured engage in any diving operations:

10) Does the Assured own and/or operate any *watercraft? Please provide full details:

11) A. Do/will employees work on or from *watercraft during the policy period:

B. Is *watercraft work done dockside and/or in Assured's yard only:

C. If shipbuilding/shiprepair do employees do trial trips, if so how often and time involved per annum: