



**ROBERTS ARMYTAGE & PARTNERS LTD.
MARITIME EMPLOYERS
LIABILITY QUESTIONNAIRE**

THIS QUESTIONNAIRE IS TO BE COMPLETED AND SIGNED BY THE ASSURED AND WILL FORM PART OF THE INSURANCE POLICY

The use of "If Any" as an answer to any of the foregoing questions constitutes a representation by the Insured to Underwriters and upon which they are relying that after diligent inquiry the Insured does not believe that it has, or is likely to have during the term of this insurance, any employees who spend 25% or more of their time at work on board watercraft and does not mean that if the Insured has any such employees that its liabilities to them will be covered by the insurance for which this application is made.

- 1) Full name and address of Assured.....
.....
- 2) Full details of Overwater Operations.....
.....
- 3) Total number of employees exposed overwater per annum.....
- 4) Maximum number of employees exposed overwater a.o.t.....
- 5) If diving operations state:
 - a) Number of divers exposed a.o.t.....
 - b) Number of tenders exposed a.o.t.....
 - c) Do Tenders dive?.....
- 6) Gross payroll split:

	Last Year	This Year	Next Year (Est)
a) Jones Act
b) LSHWA Act
c) Workers Comp
- 7) Does Assured own and/or operate any Watercraft? If yes, state full details.....
.....
- 8) Do employees spend more than 25% of their annual time in employment on board watercraft, either on or off duty? Yes..... No..... (tick as appropriate). If yes, then how many employees and in what percentages?.....



9) Do/Will employees work on or from Watercraft?.....

10) Do/Will employees keep any of their tools or equipment on Watercraft?.....

11) Full 5 year death/injury record including any reserves.....
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12) A. Present Insurers.....

B. Limits Carried.....

C. Premium.....

13) Limit required

a) It is further noted and agreed that as the applicant I/We are under a continuing obligation to immediately notify underwriters via my/our broker of any material alteration to the nature, extent or size of my/our operations described herein.

Examples of material alterations would include but would not be limited to:

- A change in operation such that employees covered hereunder work on watercraft for more than 25% of their annual employment.
- The ownership and/or operation of new and/or additional watercraft.

b) I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief. It is my/our understanding that underwriters shall rely upon the information and representations listed above in determining the terms, rates and conditions of coverage.

c) It is understood that any misrepresentation or omission shall constitute ground for immediate cancellation of coverage and denial of claims, if any.

d) It is further understood that this application shall be attached to and form part of the policy should one be issued.

Note: The definition of a Watercraft is a vessel or 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 similar structures are deemed to be watercraft for the purpose of this questionnaire and any insurance placed in reliance hereon.

Dated

Signed

ASSURED