

AMERISAFE, INC. WORKERS' COMPENSATION
2301 Hwy. 190 West
DeRidder, LA 70634

DIVING SUPPLEMENTAL APPLICATION

Date Submitted
(MM/DD/YYYY)

APPLICANT NAME AND
MAILING ADDRESS

PHONE

CELL PHONE

CARRIER

- American Interstate Insurance Company
 Silver Oak Casualty, Inc.

Name and address of diving contractor:

Personnel:

Number of divers: _____

Number of divers exposed at any one time: _____

Number of tenders exposed at any one time: _____

Do tenders dive? Yes No

Origin of Diving Operations:

<u>Diving Platform:</u>	<u>Owned</u>	<u>Non-Owned</u>	<u>Percent of Time</u>
Docks/Piers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vessel	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barge	<input type="checkbox"/>	<input type="checkbox"/>	_____
Offshore Platform	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shoreline	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inland Lakes	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Must = 100%: _____
Other: (Please Specify)			

Please provide a brief description of operations including depth, time, etc.)

Do your drivers use exothermic cutting equipment? Yes No

If Yes, do they use exclusively Oxygen Free Torches? (Please Specify)

Please provide an appropriate split between the following:

_____ % Shallow Air Diving
 _____ % Deep Air Diving (Below 130 ft)
 _____ % Mixed Gas Diving

Please identify which tables you will use for the following:

_____ Air Diving
 _____ Mixed Gas Diving (HEO2)
 _____ Saturation

Certain state insurance departments require that we advise you of the following statements: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (Not applicable in HI, DC, PA). Applicable to DC residents only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. Applicable to PA residents only: 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 subjects such person to criminal and civil penalties.

Applicant's Signature

Date

Agent's Signature

Date

AMERISAFE, INC. WORKERS' COMPENSATION MARITIME
2301 Hwy. 190 West
DeRidder, LA 70634

Date Submitted
(MM/DD/YYYY)

SUPPLEMENTAL APPLICATION

APPLICANT NAME AND
MAILING ADDRESS

PHONE

CELL PHONE

CARRIER

- American Interstate Insurance Company
 Silver Oak Casualty, Inc.

Work Platforms:

Type:

Owned

Non-Owned

Vessels Owned
Vessel Name

Length/Type

Dry Docks

Docks/Piers

Vessels

Barges

Offshore Platforms

Other: (please specify)

Type of Operation:

Yes

No

Comments

Nuclear

Jetty & Breakwater

Pile Driving

Concrete Construction

Other: (please specify)

1. If the applicant owns a vessel(s), is Jones Act Coverage specifically purchased for the crew and employees working on the vessel?

Yes

No

Insurer: _____ Limits: _____

2. Do employees work on or from a vessel?

3. Is vessel owned by the insured?

4. Will the employer charter vessels to perform contracts?

5. Do employees riding a vessel sign on as a member of the crew?

6. Do employees sleep or keep tools on vessels or platforms?

7. Does the employer rent their equipment to others with an operator?

Kind of equipment rented: _____

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Applicant's Signature

Date

Agent's Signature

Date

AMERISAFE, INC. MARITIME EMPLOYERS LIABILITY & LONGSHOREMAN'S SUPPLEMENTAL APPLICATION

Date Submitted (MM/DD/YYYY)

APPLICANT NAME AND MAILING ADDRESS	PHONE _____ CELL PHONE _____	CARRIER <input type="checkbox"/> American Interstate Insurance Company <input type="checkbox"/> Silver Oak Casualty, Inc.
		Please answer the following based on annual total: Total number of _____ Number of employees Employees: _____ exposed over water: _____ Max. number of employees exposed over water at any one time: _____
Does the insured own/rent/lease/operate/charter any *watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete the attached Maritime supplement.</i>		
If operations require employees to work on/from *watercraft away from dockside, what is the percentage of their time spent in these job duties? _____		
At any time, are employees assigned duties that contribute to the function, operation or navigation of a *watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		
At any time, are employees involved in loading/unloading or operations directly related to the loading/unloading of a *watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete the attached Maritime supplement.</i>		
If operations consist of shipbuilding/repair/maintenance, do employees do trial trips? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how often and how much time is involved per annum? Number of Trips: _____ Average # of Hours: _____		
Does the insured engage/subcontract diving operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete the attached Diving supplement.</i>		
Gross over water payroll split for last 12 months: MEL\$: _____ USL&H\$: _____ Gross over water payroll split for next 12 months: MEL\$: _____ USL&H\$: _____ <i>If USL&H, please complete the attached Maritime supplement.</i>		
MEL Limit requested: <input type="checkbox"/> 25/25 <input type="checkbox"/> 500/500 <input type="checkbox"/> 1,000/1,000 Optional Coverages requested: <input type="checkbox"/> TWM&C		

OTHER INSURANCE

Policy	Insurer	Effective Dates:	Limit	Premium	Options
State Act WC					
USL&H					
MEL					Including OCS Act? <input type="checkbox"/> Yes <input type="checkbox"/> No
P & I					Including Crew? <input type="checkbox"/> Yes <input type="checkbox"/> No

***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 are deemed to be vessels.

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Applicant's Signature _____	Date _____	Agent's Signature _____	Date _____
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