

**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 <input type="checkbox"/> American Interstate Insurance Company <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Origin of Diving Operations:

Diving Platform:	Owned	Non-Owned	Percent of Time
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
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**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:

- Dry Docks
- Docks/Piers
- Vessels
- Barges
- Offshore Platforms
- Other: (please specify)

Owned

Non-Owned

Vessels Owned  
Vessel Name

Length/Type

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Type of Operation:**

- Nuclear
- Jetty & Breakwater
- Pile Driving
- Concrete Construction

Yes

No

Comments

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

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	CARRIER <input type="checkbox"/> American Interstate Insurance Company <input type="checkbox"/> Silver Oak Casualty, Inc.
	CELL PHONE	

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?  Yes  No  
**If yes, please complete the attached Maritime supplement.**

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?  
 Yes  No

At any time, are employees involved in loading/unloading or operations directly related to the loading/unloading of a \*watercraft?  Yes  No **If yes, please complete the attached Maritime supplement.**

If operations consist of shipbuilding/repair/maintenance, do employees do trial trips?  Yes  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?  Yes  No  
**If yes, please complete the attached Diving supplement.**

Gross over water payroll split for last 12 months: MEL\$: \_\_\_\_\_ USL&H\$: \_\_\_\_\_  
 Gross over water payroll split for next 12 months: MEL\$: \_\_\_\_\_ USL&H\$: \_\_\_\_\_  
**If USL&H, please complete the attached Maritime supplement.**

MEL Limit requested:  25/25  500/500  1,000/1,000  
 Optional Coverages requested:  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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