

**Marine Department**

Hunt Valley, MD Office  
Richard Lang  
(P) 443-318-6243  
(F) 410-828-8179  
(E) [richard.lang@ryansg.com](mailto:richard.lang@ryansg.com)

Tacoma, WA Office  
Mary Ann Calkins  
(P) 253-267-6056  
(F) 253-267-6061  
(E) [maryann.calkins@ryansg.com](mailto:maryann.calkins@ryansg.com)

Submission Requirements:

- ACORD Workers' Compensation Application
- Minimum 4 years and currently valued Loss Runs
- Description of operations
- MEL Application

**MEL Application**

1. Full Name of Insured: \_\_\_\_\_
2. Physical Address: \_\_\_\_\_  

Street	City	State	Zip
--------	------	-------	-----
3. Insured Email Address: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. How many years has Insured been in operation? \_\_\_\_\_
6. Full details of Insured's overwater operations? \_\_\_\_\_  
 \_\_\_\_\_
7. Total number of employees: \_\_\_\_\_ Total gross annual payroll: \$ \_\_\_\_\_
8. Total number of employees exposed overwater per annum: \_\_\_\_\_
9. Total payroll for employees exposed overwater: \_\_\_\_\_
10. Maximum number of employees exposed overwater at any one time: \_\_\_\_\_
11. Gross payroll split for last 12 months:  
 Jones Act: \$ \_\_\_\_\_ L.S.H.W.A.: \$ \_\_\_\_\_ W.C.: \$ \_\_\_\_\_
12. Gross split for next 12 months:  
 Jones Act: \$ \_\_\_\_\_ L.S.H.W.A.: \$ \_\_\_\_\_ W.C.: \$ \_\_\_\_\_

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

13. Does the Insured engage in any diving operations?  Yes  No  
 If yes: # of divers exposed at any one time \_\_\_\_\_  
 And, # of tenders exposed at any one time \_\_\_\_\_  
 Do tenders dive?  Yes  No
14. Does the Insured own and/or operate any \*watercraft?  Yes  No

Please provide full details: \_\_\_\_\_

15. Do/will employees work on or from or have any connection with \*watercraft during the policy period?  Yes  No

16. Is watercraft work done dockside and/or in Insured's yard only?  Yes  No

17. If shipbuilding/ship repair do employees do trial trips?  Yes  No

If so, how often and time involved per annum: \_\_\_\_\_

18. If employees work on or from or have any connection with watercraft away from dockside, does any one employee spend more than 25% of his/her time working on or from or in connection with watercraft?  Yes  No

19. Does/will the Insured have jobs of short duration overwater?  Yes  No

If so, please provide the maximum percentage of time during the job that any one employee will be working on or from the or in connection with the watercraft: \_\_\_\_\_%

20. Do/will employees keep any of their tools or equipment on watercraft?  Yes  No

21. Full 5 year death/injury/illness record including any reserves (including any claim/incident arising Overwater reported to Workers' Compensation and/or L.S.H.W.A. Insurers), use separate sheet necessary:

22. Present Insurers:

Limits carried	\$
Expiring Date	
Premium Charged	\$
Limit Required	\$1,000,000

\*Note: The definition of a watercraft includes any vessel or special 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/or other barges are deemed to be watercraft for the purpose of the above questions.

**IMPORTANT:**

THIS QUESTIONNAIRE IS TO BE COMPLETED AND SIGNED BY THE INSURED AND WILL FORM PART OF THE MARITIME EMPLOYER'S LIABILITY POLICY ISSUED. THE PREMIUM CHARGED AND THE CONDITIONS OF THIS POLICY ARE BASED UPON THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE. ANY OPERATIONAL AND/OR PHYSICAL CHANGES IN THE NATURE OF THE INSURED'S OVERWATER OPERATION DURING THE POLICY PERIOD WHICH MATERIALLY CHANGES OR ALTERS IN ANY WAY THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE MUST IMMEDIATELY BE ADVISED TO UNDERWRITERS. ANY CHANGES ADVISED WILL BE ASSESSED BY UNDERWRITERS TO ENABLE THEM TO DECIDE WHETHER THEY ARE PREPARED TO CONTINUE TO PROVIDE THIS COVERAGE AND AT WHAT TERMS. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL VOID THE POLICY.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

The description of this program is only a summary of available coverages. Actual policy language will dictate the scope of coverage in the event of a claim. We encourage policyholders and their agents to read the full policy form and any applicable endorsements for full terms and conditions. Effective September 1, 2020, Ryan Specialty Group created RSG National Specialty Programs, which took over operations that were formerly the All Risks National Specialty Programs. Thirty-year industry veteran, Chris McGovern continues to manage 25+ distinct RSG National Specialty Programs. RSG National Specialty Programs is a unit of the RSG Underwriting Managers division of RSG Specialty, LLC, a Delaware limited liability company based in Illinois. RSG Specialty, LLC, is a subsidiary of Ryan Specialty Group, LLC (RSG). RSG National Specialty Programs works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License # 0G97516). ©2021 Ryan Specialty Group, LLC