

**This guide is designed to help you accurately complete the MEL Application, allowing us to complete your quote quickly and provide the best coverage and most competitive premium for your client.**

While most questions on the application are straightforward, we've included clarification below for those that are most commonly misunderstood.

*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 questions in this application.*

### **Question 3: How many years have you been in business?**

If less than 3 years, attach resumes or experience

### **Question 4: Full details of your OVERWATER operations**

Overwater operations include work performed while on a watercraft on the water, either tied at the dock or away from the dock

### **Question 5: Total number of employees for ALL operations (dry and wet)**

Total employees for the whole company

### **Question 8: Payroll Information**

- **On land/dock** - Work occurring on land or on-dock  
*(This is required for information, but not part of the premium calculation)*
  - a) State Act – Includes employees exempt from Longshore (*clerical, sales, work inland*)
  - b) Longshore – On-dock work
- **On watercraft** - Working on or from a watercraft/boat/floating or semi-submersible oil rig whilst it is in the water (*The MEL premium is based on this payroll*)
  - c) Docksideside - Work performed docksideside with the watercraft tied up or attached to the dock
  - d) Away from dock - Work performed away from the dock
- **Total (e)** - Insert the TOTAL of all payroll for the insured (*8a, 8b, 8c, 8d*) (*Ensure the numbers add up to the total. Accurate estimates lead to better quotes and smoother audits.*)

### **Question 10: Do you own/operate any watercraft?**

If yes, provide watercraft details; if multiple vessels or additional space is needed, attach a schedule

### **Question 12: Full 5-year death/injury/illness record**

Only include employee injuries on-watercraft

### **Question 15: Does any one employee spend more than 25% of their time on watercraft?**

- a) This is a critical question, be sure to answer correctly
- b) If 15a is yes, this must be completed (*Ensure payroll matches 8c and 8d*)

### **Question 16: Current MEL insurers**

- a) If none, answer "none" and skip b) through f)
- g) You must enter the anticipated effective date for the new policy

### **Question 17: Other Insurance In Force**

- a) This is required
- b) Must be completed unless the Insured is exempt from Longshore
- c) If none, answer "none"



1	Name	
2	Address	
3	How many years have you been in business?	
4	Full details of your <b>OVERWATER</b> operations:	
5	Total number of employees for <b>ALL</b> operations (dry and wet)	
6	Total number of employees exposed on *watercraft per annum	
7	Maximum number of employees exposed on *watercraft at any one time?	

**PAYROLL INFORMATION**

*On Land payroll must be provided, but does not affect the M.E.L. premium.*

	Location	Category	Payroll		Number of Employees
			Current Year	Next Year	
8	On Land/Dock	a) State Act			
		b) Longshore			
	On *watercraft	c) Dockside			
		d) Away from dock			
		e) <b>TOTAL ALL</b>			

9	Do you engage in any diving operations? <b>IF YES</b> , complete the diving supplemental questionnaire.	
10	Do you own/operate any *watercraft? <b>IF YES</b> , please provide full details:	
11	Do employees do trial trips? <b>IF YES</b> , how often and time involved per annum?	
12	Full 5 year death/injury/illness record for any losses on *watercraft including any amounts paid or reserved Include all claims/incidents arising on *watercraft reported to workmen's compensation &/or Longshore insurers. Use separate sheet if necessary.	
13	Do you use any subcontractors that would have a MEL exposure? <b>IF YES</b>	
	a) What are their duties?	
	b) What is their estimated annual costs in you?	
	c) Do they have their own MEL coverage in force with at least \$1mil limits?	

Is any work to be covered under this policy performed outside the U.S.?	
<b>IF YES</b>	
<b>14 a)</b> List all countries likely to be worked in the coming year	
<b>b)</b> Please provide a rough idea of how much of your total MEL payroll be will in those countries	
<b>c)</b> If there is any work that is specific to a specific location, attach a separate schedule if needed	

**TIME ON BOARD \*watercraft**

<b>15a</b> Does any one employee spend more than 25% of their time on *watercraft?	
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**ONLY IF ANSWERED YES TO 15a**

**Please segregate employees exposed on \*watercraft by the average number of hours  
Please ensure payroll matched the total of the ON \*watercraft payroll shown in #8**

Average Hours Worked Per Week	# Of Employees on *watercraft	*watercraft Payroll
Up to 10 hours (<25%)		
Over 10 hours but not more than 20 hours (25-49%)		
<b>15b</b> Over 20 hours but not more than 30 hours (50-75%)		
Over 30 hours a week (>75%)		
<b>TOTAL</b>		

<b>a)</b> Current <b>MEL</b> insurers:	
<b>b)</b> Expiry date:	
<b>c)</b> Limits	
<b>16 d)</b> Premium	
<b>e)</b> Current Deductible	
<b>f)</b> Current Rate	
<b>g)</b> Anticipated effective date:	

**OTHER INSURANCE IN FORCE**

Policy	Insurer	Effective Date	Expiry Date	Limit	Premium	Options
<b>17 a)</b> State Act WC						
<b>b)</b> Longshore						
<b>c)</b> P&I						

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**Important:** This questionnaire is to be completed and signed by the insured and will form part of the maritime employers liability policy issued.

The premium charged and the conditions of this policy are based upon the information provided in the 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.**

Signature:	Title:
Print Name:	Date:

# M.E.L. INSURANCE APPLICATION ENERGY PAYROLL QUESTIONNAIRE

<b>18</b> Name of insured:											
<b>19</b> Do you perform any work on Drilling Rigs or Platforms											
<b>20</b> Please split payroll on RIGS or Platforms as follows:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Inland</td> <td style="width: 40%; padding: 2px;">State act</td> </tr> <tr> <td style="padding: 2px;">On land Dockside</td> <td style="padding: 2px;">Longshore</td> </tr> <tr> <td style="padding: 2px;">On Fixed Platforms</td> <td style="padding: 2px;">Longshore/OCSLA</td> </tr> <tr> <td style="padding: 2px;">To/From Fixed platforms by crew boat or other vessel</td> <td style="padding: 2px;">MEL</td> </tr> <tr> <td style="padding: 2px;">On Floating/Semi Semisubmersible's or other vessels</td> <td style="padding: 2px;">MEL</td> </tr> </table>	Inland	State act	On land Dockside	Longshore	On Fixed Platforms	Longshore/OCSLA	To/From Fixed platforms by crew boat or other vessel	MEL	On Floating/Semi Semisubmersible's or other vessels	MEL
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