POINTSURE®
INSURANCE SERVICES

Small Marine Employers Supplemental Application

Required Documentation for Quote Consideration:

**Acord General Application and Workers' Compensation Application*
**Currently Valued Loss Runs for the current year and 3 previous years.*
**Experience Modification Worksheet (Acceptable .60 to 1.50)*
**Complete Supplemental application*

Named Insured: _____

Detailed Description of Operations:

General Account Information

Has the named insured been in business and carried continuous workers' Compensation for 3 years?	Y☐ N☐
Has the applicant had continuous WC coverage over the past 3 years?	Y☐ N☐
Is this the sole entity of the applicant? If No, please provide ERM14.	Y☐ N☐
Does the Proprietor, Partners, or Senior Officer have more than 3 years experience in this type of work/operation?	Y☐ N☐
Have there been payroll fluctuations of more than 50% upward/downward in the past 3 years?	Y☐ N☐
Is the named insured currently in chapter 11 Bankruptcy proceedings?	Y☐ N☐
Has the applicant filed for bankruptcy within the last 5 years?	Y☐ N☐
Has the named insured been cancelled for non payment in the past 3 years?	Y☐ N☐
Does the applicant obtain proof of insurance from any employed subcontractors?	Y☐ N☐

Exposure Information

Does the applicant operate in more than 5 states?	Y☐ N☐
Do employees working at residences perform duties outside of sales/clerical? If so, please describe.	Y☐ N☐
Are there any owned, operated or leased aircrafts used for business purpose?	Y☐ N☐
Does the applicant employ more than 25% of the workforce as part-time or seasonal employees? If yes, please describe.	Y☐ N☐
Does the applicant employ leased, alternative, temporary, volunteer, donated labor?	Y☐ N☐
Is the applicant a Professional Employment Organization (PEO)?	Y☐ N☐
Does the Named Insured participate in a collectively bargained labor agreement (ADR)?	Y☐ N☐
Are there any diving exposures other than incidental exposures to boat building/repair or marine construction?	Y☐ N☐
Does applicant's operation include tank cleaning involving confined space entry operations?	Y☐ N☐
Does applicant's operation include any of the following: asbestos or lead Abatement, demolition/salvage, ship breaking, oil/gas well or rig firefighting?	Y☐ N☐
Does the Named Insured provide group health insurance for employees?	Y☐ N☐
Is there a formal/documented safety program in place?	Y☐ N☐
Does the applicant provide group transportation to more than four employees in one vehicle?	Y☐ N☐
Does the insured engage in operations relating to clean up of oil spill contamination, whether on land or offshore?	Y☐ N☐
Do operations include any exposures in West Virginia?	Y☐ N☐

Vessel Specific Information

Does/will the applicant own, operate or charter operate any watercraft? Y☐ N☐

Does/will the applicant perform any work from a work platform on navigable water? Y☐ N☐

Will the applicant employee anyone as a Master or Member of the crew of any watercraft? Y☐ N☐

Will the applicant employee anyone to perform any work on or from watercraft? Y☐ N☐

Does/will applicant contract any work to be performed on or from a Watercraft without obtaining proof of maritime coverage for the contractor's workers? Y☐ N☐

Additional Coverage Requests:

Alternate Employer: Y☐ N☐
If Yes: Provide Alternate Employer Names, State of temp employment, address, and contract.

Blanket Alternate Employer: Y☐ N☐
If Yes: Provide explanation why the coverage is needed, types of contracts, and type of controls in place.

Waiver of Subrogation (specific): Y☐ N☐
If Yes: Provide specific information for which the waiver will apply: Name, Address, nature of work.

Blanket Waiver of Subrogation: Y☐ N☐
If Yes: Provide the nature of the operations where waiver applies.

Is the applicant requesting exclusion of Partners, Officers or Others? Y☐ N☐
If Yes: Provide specific names and title(s).

Inclusion of coverage for Sole Proprietors, Partners, of Officers? Y☐ N☐
If Yes: Provide specific names and title(s).

Outer Continental Shelf? Y☐ N☐
If Yes: Please Provide a detailed description and location of work performed.

WARNING: Federal and State laws require complete and truthful information by an applicant for insurance. That includes providing information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely.

Applicant Signature_____ Date:_____

Broker Signature_____ Date_____

This is a supplemental application used for information purposes only, this is not a guarantee of coverage or quote.