



JONES ACT / MARITIME SUPPLEMENTAL APPLICATION

Name: _____ Quote/Policy Number: _____

The insurance provided by the Maritime (Jones Act) endorsement is limited. This coverage applies only to Texas employees as defined in the Texas Labor Code, Section 401.012, whose principal location of employment is in Texas or has significant contacts with Texas, as set forth in Sections 406.071 and 406.072 of the Texas Labor Code.

Federal Law, which includes Jones Act coverage, is subject to court interpretations and statutory revisions.

This endorsement amends Employer Liability Coverage, Item 3.B, to include maritime employments (master or members of the crews of vessels) with bodily injury by accident or disease with a maximum limit of \$25,000.

Texas Mutual Insurance Company will not provide Jones Act coverage without
a complete supplemental application and a quote for this coverage.

Note that the minimum premium for this coverage is \$50.

PROVIDE THE FOLLOWING INFORMATION: (If you need additional space, attach additional pages.)

- Describe any vessels you currently own/lease/operate including length of boat and use. Include any vessels you expect to acquire during the policy period.

Vessel Description	Length	Use

- Describe duties of employees who are subject to the Jones Act:

- List the expiring payroll, estimated renewal payroll and number of employees under Jones Act coverage. Currently, if the employee's work fits into one of the classifications listed below for 30% or more of his time, he is considered a seaman. Payroll cannot be split between these class codes and other class codes. See Texas Workers' Compensation Manual, Rule IV, Section E.2.

Classification	Expiring Payroll	Estimated Annual Renewal Payroll	# Employees
7016			
7046			

4. Does your business carry a Protection & Indemnity (P&I) or Maritime Employers Liability (MEL) policy? If yes, please provide copy of the policy and copy of the P&I/MEL application along with the information below:

<u>Insurance Carrier</u>	<u>Policy #</u>	<u>Deductible Amount</u>	<u>Effective Date</u>	<u>Expiration Date</u>

Describe any losses: _____

5. Do you want Transportation, Wages, Maintenance and Cure (TWM&C)? Yes_____ No_____

Rejection of TWM&C coverage at this time will continue with each policy renewal until a new supplemental application is filed requesting coverage be included.

NOTE: Our policy will include transportation, wages, maintenance, and cure (TWM&C) unless the applicant specifically rejects the coverage.

6. Are you requesting to exclude a sole proprietor, partner, or officer of the corporation?
 Yes_____ No_____

If yes, provide details of their duties: _____

Note: If the sole proprietor, partner, or officer's duties include Jones Act exposure, they are covered under Federal statutes and **cannot** be excluded

You should always consult your agent or attorney to determine which coverages are appropriate for your operations

JONES ACT COVERAGE ACKNOWLEDGMENT

I understand that Texas Mutual Insurance Company may provide coverage only for master and crewmembers of vessels as an adjunct to Texas statutory workers' compensation coverage.

All information supplied in this application is true and complete; nothing material has been omitted. I understand inaccurate information may alter or void coverage.

 APPLICANT / TRADE NAME

*BY _____ DATE _____
 Authorized Signature / Title*

***Must be signed by individual proprietor, partner, or corporate officer of the applicant.**

Name of Producer of Record: _____

Signature of Producer of Record _____