



LONGSHORE & HARBOR WORKERS COVERAGE SUPPLEMENTAL APPLICATION

Name: _____ Quote/Policy Number: _____

The insurance provided by the Longshore & Harbor Workers 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 Longshore and Harbor Workers (L&HW) coverage, is subject to court interpretations and statutory revisions.

The purpose of the L&HW Act is to offer compensation and medical care to employees disabled from injuries that occur on the navigable waters of the United States, or in adjoining areas customarily used in loading, unloading, repairing, or building a vessel. The Act also offers benefits to dependents if the injury causes the employee's death.

Texas Mutual Insurance Company will not provide Longshore & Harbor Workers coverage without a complete supplemental application and a quote for this coverage.

Note that the minimum premium for this coverage is \$100.

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

- Describe, in detail, those activities giving rise to Longshore and Harbor Workers exposure, including work performed on docks or locations on/or adjacent to United States navigable waterways:

- List L&HW classifications, payrolls, and number of employees:

<u>Classification</u>	<u>Expiring Payroll</u>	<u>Estimated Annual Renewal Payroll</u>	<u># Employees</u>

- If coverage is being requested on "if any" basis, list contracts with clients/certificate holders who require L&HW coverage:

- Provide details of L&HW losses in the past five years:

5. Does your business have a diving operation? Yes_____ No_____

If yes, please answer the following:

a) How many divers do you employ? _____

b) Provide details of the type of diving operations including locations:_____

c) Are your divers permanently assigned to a vessel? Yes_____ No_____
If yes, complete the JONES ACT / MARITIME SUPPLEMENTAL APPLICATION.

6. Is any work performed on offshore platforms? Yes_____ No_____
If yes, complete the OUTER CONTINENTAL SHELF APPLICATION.

7. Do you own/lease/operate any vessels? Yes_____ No_____
If yes, complete the JONES ACT / MARITIME SUPPLEMENTAL APPLICATION.

8. Is any work performed aboard watercraft, barges, movable platforms, jack-ups, or vessel/drill ships of any
type? Yes_____ No_____
If yes, complete the JONES ACT / MARITIME SUPPLEMENTAL APPLICATION.

9. 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 L&HW exposure, they are covered under
Federal statutes and **cannot** be excluded

For additional information please see the Longshore and Harbor Workers Compensation Act, as amended, Pamphlet
LS-560 revised December 2003, U.S. Dept. of Labor-web site: www.dol.gov/esa/owcp/dlhwc/lstable.htm

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

LONGSHORE AND HARBOR WORKERS' COVERAGE ACKNOWLEDGMENT

I understand that Texas Mutual Insurance Company may provide L&HW Act coverage only 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 _____