

Incidental Longshoreman and Harbor Workers Compensation Application

Thank you for requesting a quote for Incidental Longshoreman and Harbor Workers' Compensation through this TBG and The American Equity Underwriters, Inc.'s exclusive partnership.

Please provide the following documents.

1. An Acord 130
2. Complete Description of Operations
3. Currently-valued Loss Runs (five years preferred), if applicable
4. Experience MOD Worksheet, if applicable
5. USL&H Supplemental Application – complete and sign page 4

Application is for a non-TBG Member

Application is for a TBG Member

Submit completed applications to your TBG Underwriter

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**Incidental Longshoreman and Harbor Workers Compensation
Supplemental Application**

Prospect/Member Name: _____

Agent Name: _____

Agency Name: _____

Contact Information (e-mail and phone #): _____

List all claims made under the United States Longshoreman and Harbor Workers Act during the last five years. If any, please attach currently valued Loss Runs & details.

Describe in detail those activities giving rise to the USL&H exposure which you want to be covered. Include a description of the frequency and duration of said activities, the number of employees taking part in the activities, and the payroll associated with the activities.

Is any work performed aboard a watercraft barge or vessels of any type? If so, describe it in detail.

Is any work performed on docks or at facilities or locations on navigable waterways? If so, describe it in detail.

Is any repair, installation, or other type of work performed at any shipbuilding or ship repair facilities or as part of any shipbuilding or ship repair operations? If so, describe it in detail.

WARRANTY: The undersigned officer of the Applicant, being authorized to execute this Application on behalf of the Applicant, and having made due inquiry (including but not limited to inquiry of the legal department and the risk management department of the Applicant and all the persons or organizations listed in Attachment A, if any) declares to the best of his or her knowledge and belief that the information set forth in this Application is true and correct and that he or she knows of no other relevant facts which might affect Underwriter's judgment when considering this Application. It is understood that the Underwriter shall rely upon this information and representation listed above in determining the acceptability and rates and conditions of coverage. It is further understood that any misrepresentation or commission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any.

It is further noted and understood that the applicant is under a continuing obligation to notify the Underwriter of any material alteration to the nature, extent, or size of the Applicant's operation as described herein.

It is further understood that this application shall be attached to, and form part of, the policy should one be signed.

Signed by Authorized Officer

Signed by Applicant's Insured Agent

Name

Name

Title

Title

Date

Date