

Please email completed form to: excessworkerscomp@midman.com

Effective Date: _____

Applicant's Representative:		<input type="checkbox"/> New Application		<input type="checkbox"/> Renewal of Policy Number:	
Address:		City, State:		Zip:	
Phone:		Email (optional):			

1. Name of Applicant (list only qualified self-insured):

2. Provide description of each owned, leased or chartered watercraft:

Year/Make/Model	Length	Watercraft Type	HP	Owned	Leased	Chartered	Passenger Capacity
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Provide the following information for each watercraft indicated above:

Description of General Use	Average Employees Per Trip		Average Usage (Days per Month)	Docking Location (City, State)	Name of Navigable Waters
	Crew	Passengers			

4. Is Protection and Indemnity Coverage provided for all watercraft listed above? Yes No

If no, please explain:

5. Does the Protection and Indemnity Policy include coverage for workers described as Seamen, Masters, or Crew Members (Jones Act)?
 Yes No
 If no, please explain:

6. Is Longshoremen's and Harbor Workers' (USL&H) coverage included in the Protection and Indemnity Policy? Yes No

If no, please explain:

7. Comments:

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Name of Applicant and Subsidiaries:

Applicant's Representative:	Signature:
Date:	Title: