

AMERICAN LONGSHORE MUTUAL ASSOCIATION, LTD.

Incidental USL&H Program

Supplemental Longshoreman and Harbor Workers Compensation Application

List all claims made under the United States Longshoreman's and Harbor Workers Act during the last five years. (Include name, date of injury, amount paid, and outstanding reserve).

Describe in detail those activities giving rise to the USL&H exposure which you want 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 watercraft barge or vessels of any type? If so, describe in detail.

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

Is any repair, installation, or other type work performed at any shipbuilding or ship repair facilities or as part of any shipbuilding or ship repair operations? If so, describe 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 of 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 the information and representations listed above in determining the acceptability and rates and conditions of coverage. It is further understood that any misrepresentation or omission shall constitute grounds for immediate cancellation or coverage and denial of claims, if any.

It is further noted and understood that the applicant is under a continuing obligation immediately to notify this Underwriter of any material alteration to the nature, extent or size of 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

Address

Address

Email

Email

Date

Date