



Supplemental Longshoreman and Harbor Workers Compensation Application

**Only incidental USL&H is permitted (< 10% of annual payroll)
\$1,500 Minimum Premium Applies**

LCTA Member #:	Member Name:	Date:
<p>Is there a contractual requirement for this coverage? : <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what company is requiring this coverage?</p>		
<p>Describe in detail those activities giving rise to the USL&H exposure that you want covered. Include a description of the frequency and duration of said activities and the number of employees taking part in the activities:</p>		
<p>Is any work performed aboard watercraft barge or vessels on any type? : <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in detail:</p>		
<p>Is any work performed on docks or at facilities or locations on navigable waterways? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in detail:</p>		
<p>Is any repair, installation, or other type of work performed at any shipbuilding or ship repair facilities or part of any shipbuilding or ship repair operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in detail:</p>		
<p>Provide the appropriate classification and estimated payroll associated with the activities:</p>		
<p>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):</p>		

**LCTA Workers Comp
Supplemental Longshoreman and Harbor Workers Compensation Application**

WARRANTY: THE UNDERSIGNED OFFICER OF THE APPLICANT, BEING AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT, DECLARES THAT HE/SHE HAS FIRST HAND INFORMATION AND IS PERSONALLY KNOWLEDGEABLE OF THE INFORMATION SUPPLIED HERewith AND TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF THAT THE INFORMATION SET FORTH IN THIS APPLICATION IS TRUE AND CORRECT AND THAT HE/SHE KNOWS OF NO OTHER RELEVANT FACTS WHICH MIGHT AFFECT THE UNDERWRITER'S JUDGEMENT WHEN CONSIDERING THIS APPLICATION. IT IS FURTHER UNDERSTOOD THAT THE UNDERWRITER SHALL RELY UPON THE INFORMATION AND REPRESENTATIONS LISTED ABOVE IN DETERMINING THE ACCEPTABILITY, RATES AND CONDITIONS OF COVERAGE, IT IS FURTHER UNDERSTOOD THAT A MISREPRESENTATION OR OMISSION 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 IMMEDIATELY NOTIFY SAID UNDERWRITER OF ANY MATERIAL ALTERATION TO THE NATURE, EXTENT OR SIZE OF APPLICANT'S OPERATION DESCRIBED HEREIN.

IT IS FURTHER UNDERSTOOD THAT THIS APPLICATION SHALL BE ATTACHED TO AND FORM PART OF THEIR CERTIFICATE OF COVERAGE SHOULD ONE BE ASSIGNED.

SIGNED BY AUTHORIZED APPLICANT OFFICER

APPLICANT (COMPANY) NAME

PRINTED NAME

DATE

TITLE

SIGNED BY APPLICANT'S AGENT

AGENCY NAME

PRINTED NAME

DATE

FOR INTERNAL LCTA UNDERWRITING USE ONLY

The Approved / Declined Effective date of coverage: _____

LCTA Underwriter : _____