



USL&H SUPPLEMENTAL APPLICATION

Only incidental is permitted, \$1,240 Minimum Premium applies in LA and \$1,365 in MS

Policy #: _____

Policyholder: _____

1. Is there a contractual requirement for this coverage? Yes No

If yes, what company is requiring this coverage? _____

2. Describe in detail the activities giving rise to the USL&H exposure. Include a description of the frequency and duration of said activities and the number of employees taking part in the activities:

3. Is any work performed aboard watercraft barges or vessels of any type? Yes No

If yes, describe in detail: _____

4. Is any work performed on docks at facilities or locations on navigable waterways? Yes No

If yes, describe in detail: _____

5. 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? Yes No

If yes, describe in detail:

6. Provide the appropriate classification and estimated payroll associated with the activities:

7. List all claims made under the United States Longshoreman's and Harbor Workers' Act during the last 5 years. (Include name, date of injury, amount paid, and outstanding reserve):

The undersigned officer of the Applicant, being authorized to execute this application and having made inquiry into the facts represented herein, declares to the best of his or her knowledge and belief the information set forth in this application is true and correct. It is understood Trean Insurance Group considers the information and representations listed above as material, and its underwriter shall specifically rely upon this information in determining the acceptability, rate and conditions of coverage. This Supplemental Application and the application to which it is appended shall become a part of the Workers' Compensation and Employers Liability Certificate of Self Insurance between the Applicant and Trean Insurance Group. It is further noted and understood the Applicant is under a continuing obligation to immediately notify Trean Insurance Group of any material alteration to the nature, extent or size of the Applicant's operation described herein.

AUTHORIZED OFFICER'S SIGNATURE /
DATE

AGENT'S SIGNATURE / DATE

PRINTED NAME / TITLE

PRINTED NAME / AGENCY