

## RENEWAL APPLICATION

### Insured General Information

1	Named Insured:	
2	Address:	
4	FEIN:	
5	Description of Operations:	
6	Effective Date:	

### Longshore Class Code & Payroll

		State	F - Class Code	Payroll	# of Employees
7	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

### WATERCRAFT OPERATIONS (If either is YES, evidence of proper coverage is required, if not written with SafeShore)

8	Do you own / operate any watercraft?	
9	Do you have any exposure on non-owned vessels in navigation?	

### SUBCONTRACTOR INFORMATION

10	If you use Subcontractors in your business, what exposures do they have?	
11	What are these Subcontractors' duties:	
12	Do you verify in each case they have Workers' Compensation and Longshore (if applicable) in force when working for you?	
13	Do they have their own MEL in force to at least \$1,000,000 limit?	
14	What are their Estimated Annual Costs to you?	

I/We, hereby formally apply for coverage under the SafeShore program from SIGNAL MUTUAL INDEMNITY ASSOCIATION LTD., to be effective on the date shown above and, if accepted by its Managers, do hereby constitute and appoint the SIGNAL MUTUAL INDEMNITY ASSOCIATION LTD and its Managers to act as our agent in all matters relating to the Longshore and Harbor Workers' Compensation Act and such other coverages as accepted by its Managers. We acknowledge receipt of the Coverage Agreement setting out the Terms of the SafeShore program and we confirm that we have read, and agree to be bound by, each of those Terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date