



LONGSHORE AND HARBOR WORKERS' COMPENSATION QUESTIONNAIRE

Account: _____

Date: _____

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Is the majority of your work performed on or near navigable waterways or in shipyards?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do your employees frequently engage in loading and unloading of vessels?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do your employees perform work on oil rigs or other structures located offshore in the Gulf of Mexico?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do your employees perform work on vessels, barges, moveable platforms, jack-ups or any other type of watercraft?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If your employees perform work on vessels or any other type of watercraft, is the work considered permanent such that they are assigned to a particular vessel?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does your business have a diving operation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you own/lease/operate any vessels?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you requesting to exclude a sole proprietor, partner, or officer of the corporation? (Please list each employee)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are payrolls kept separate for USL&H and State payrolls?	<input type="checkbox"/>	<input type="checkbox"/>	_____

1) Describe in detail, those activities giving rise to Longshore and Harbor Workers' Compensation exposure, including work performed on docks or locations on/or adjacent to a navigable waterway:

2) Please provide the classification code and estimated amount of payroll for the work being performed:

Class Code: _____ Payroll: _____

3) Provide details (including paid amounts) of your Longshore and Harbor Workers' Compensation losses in the past five years:

