
SUPPLEMENTAL APPLICATION

**LONGSHORE & HARBOR WORKERS' COMPENSATION ACT
(L & HW Act)
and its
EXTENSION TO OUTER CONTINENTAL SHELF OPERATIONS
(TEXAS WATERS ONLY)**

Insured Name: _____ Policy #: _____

1. Explain the duties of your employee that you feel are subject to the L & HW Act:

2. Are you located in a port authority? If yes, give name:

3. Do you operate any vessels or perform duties on or from stationary or floating platforms? If yes, explain:

4. Estimated number of employees subject to L & HW Act:

5. Provide estimated annual payroll of all employees subject to the L & HW Act:

6. Do you desire for outer continental shelf operations? NO YES
If yes, complete #7

7. Describe the operations on the Outer Continental Shelf:

BY: _____
SIGNATURE *TITLE DATE

*Only individual proprietors, partners or corporate officer's signatures are acceptable.

NAME OF PRODUCER OF RECORD _____

SIGNATURE OF PRODUCER OF RECORD _____

Note: Service Lloyds Insurance Company will write L & HW Act coverage only as an adjunct to Texas Statutory Workers' Compensation Coverage and only for L & HW operations in Texas Waters on an "if any" basis.