



U.S.L.& H. PRE-COVERAGE EVALUATION QUESTIONNAIRE (NOT AN APPLICATION)

IMPORTANT: U.S.L.&H. coverage is only offered as supplemental coverage to a State Fund issued California Workers' Compensation Insurance policy. No U.S.L.&H. coverage will be offered on a stand alone basis. State Law requires State Fund to issue a separate policy for U.S.L.&H. coverage.

- 1. FULL LEGAL NAME OF EMPLOYER _____
- 2. TRADE NAME(S) _____
- 3. CURRENT STATE FUND POLICY NUMBER _____ OR _____
- 4. HAVE YOU EVER INSURED THIS BUSINESS, OR ANY OTHER BUSINESS WITH THE STATE FUND IN THE PAST? YES NO
IF "YES," GIVE DATES AND REASON FOR CANCELLATION.
MOST RECENT POLICY DATES _____ REASON _____
IF UNDER ANOTHER BUSINESS, PLEASE NAME _____

- 5. DO PARTNERS, EXECUTIVE OFFICERS OR LIMITED LIABILITY COMPANY MEMBER-MANAGERS DESIRE U.S.L. & H. COVERAGE?
 NO YES

Partners, Corporate Officers or Limited Liability Company Member-Managers wishing exclusion under a U.S.L.&H. policy must also be excluded under the state policy. Premium for U.S.L.&H. coverage for Partners, Corporate Officers or Limited Liability Company Member-Managers will be charged in addition to premium developed for their coverage under the state policy.

- 6. PLEASE IDENTIFY PARTNERS, EXECUTIVE OFFICERS OR LIMITED LIABILITY COMPANY MEMBER-MANAGERS FOR WHOM COVERAGE UNDER U.S.L.&H. IS DESIRED. PLEASE DESCRIBE THEIR ACTIVITIES AND INDICATE THEIR ANNUAL PAYROLL

Name	Activities	Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 7. DO ANY OF YOUR EMPLOYEES OPERATE A CRAFT OR WORK ON OR FROM A VESSEL? YES NO IF "YES," WHAT ARE THEIR ACTIVITIES. _____
- 8. PLEASE INDICATE BELOW THE NAME(S) OF YOUR CARRIER(S) PROVIDING U.S.L.&H. COVERAGE FOR THE PAST THREE YEARS.
CURRENT CARRIER _____ COVERAGE FROM _____ TO _____
PREVIOUS CARRIER _____ COVERAGE FROM _____ TO _____
PREVIOUS CARRIER _____ COVERAGE FROM _____ TO _____

- 9. HAVE ANY OF THE ABOVE LISTED CARRIERS CANCELLED OR REFUSED TO RENEW COVERAGE? YES NO IF "YES," PLEASE STATE THE REASON GIVEN _____

- 10. IDENTIFY ACTIVITIES PERFORMED ON ANY OFFSHORE OIL FACILITY LOCATED MORE THAN THREE MILES FROM SHORE.

ACTIVITY	# OF EMPLOYEES	ANNUAL PAYROLL
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 11. IDENTIFY ACTIVITES PERFORMED ON NON-PERMANENTLY CONSTRUCTED OIL FACILITIES LOCATED LESS THAN THREE MILES FROM SHORE (i.e., BARGES, JACK-UP OR FLOATING RIGS, ETC.)

ACTIVITY	# OF EMPLOYEES	ANNUAL PAYROLL
_____	_____	_____
_____	_____	_____
_____	_____	_____

Generally work performed on permanently constructed facilities within three miles from shore is subject to state workers' compensation jurisdiction. Work on floating or temporary facilities is subject to U.S.L.&H. jurisdiction. Any work related to resource exploration and/or development three miles or more from shore is subject to Outer Continental Shelf Lands Act (O.C.S.L.A.) jurisdiction and covered by endorsement under the U.S.L.&H. policy.

Most federal coverages required by THUMS contract are covered by endorsement under the state policy.

THE FOLLOWING IS A LIST OF ACTIVITIES THAT TYPICALLY FALL UNDER U.S.L.&H. JURISDICTION. PLEASE PUT A CHECK EACH ACTIVITY YOUR EMPLOYEES PERFORM. IF SOME PERFORM MORE THAN ONE ACTIVITY, PLEASE SEPARATELY ESTIMATE THE PORTION OF ANNUAL PAYROLL EARNED IN EACH. PLEASE INCLUDE ALL INDEPENDENT CONTRACTORS, BUT **DO NOT INCLUDE PAYROLL FOR PARTNERS, CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MEMBERS/MANAGERS.**

ACTIVITY	# OF EMPLOYEES	ANNUAL PAYROLL
CONSTRUCTION/REPAIR/DEMOLITION OF FACILITIES ON OR NEAR WATER. INDICATE TYPE OF FACILITIES AND ACTIVITIES.		
DIVING. DESCRIBE:		
LOADING/UNLOADING OF CONTAINERIZED VESSELS.		
LOADING/UNLOADING OF VESSELS BY MEANS OF HAND TRUCKS OR FORKLIFTS ONLY.		
LOADING/UNLOADING OF VESSELS BY MEANS OTHER THAN DESCRIBED ABOVE. SPECIFY IN REMARKS BELOW.		
STUFFING/STRIPPING OCEAN GOING CARGO CONTAINERS.		
WAREHOUSING OF IN-COMING/OUT-BOUND OCEAN CARGO.		
INSPECTION OF CARGO.		
BUILDING/REPAIRING OCEAN GOING CARGO CONTAINERS.		
BUILDING/REPAIRING RECREATIONAL VESSELS - 65 TO 150 FEET.		
BUILDING/REPAIRING COMMERCIAL/MILITARY VESSELS UNDER 150 FEET IN LENGTH.		
CONSTRUCTION OF VESSELS OVER 150 FEET LENGTH.		
STRUCTURAL REPAIRS TO VESSELS OVER 150 FEET LENGTH.		
INSPECTION OF VESSEL TYPES DESCRIBED ABOVE - SPECIFY PURPOSE & DESCRIBE VESSELS IN REMARKS BELOW		
REPAIR OR INSTALLATION OF EQUIPMENT ON BOARD VESSEL TYPES DESCRIBED ABOVE - SPECIFY EQUIPMENT AND DESCRIBE VESSELS IN REMARKS BELOW		
VESSEL TANK CLEANING.		
OIL SPILL CONTAINMENT/CLEAN UP.		
DESCRIBE MARITIME RELATED ACTIVITIES NOT INCLUDED ABOVE IN WHICH YOUR EMPLOYEES MAY BE ENGAGED.		

REMARKS: _____

IT IS A FELONY FOR ANY PERSON TO WILLFULLY MISREPRESENT ANY FACT IN ORDER TO OBTAIN INSURANCE FROM STATE FUND AT LESS THAN THE PROPER RATES FOR SUCH INSURANCE, OR IN ORDER TO OBTAIN ANY PAYMENTS OUT OF STATE FUND.

I UNDERSTAND THAT THIS IS AN EVALUATION FORM - NOT AN APPLICATION FOR INSURANCE COVERAGE. I REALIZE THAT THIS FORM DOES NOT BIND THE STATE COMPENSATION INSURANCE FUND TO COVERAGE OF THE ABOVE RISK.

 DATE SIGNED TITLE