



OUTER CONTINENTAL SHELF COVERAGE SUPPLEMENTAL APPLICATION

Name: _____ Quote/Policy Number: _____

The insurance provided by the Outer Continental Shelf endorsement is limited. This coverage applies only to Texas employees as defined in the Texas Labor Code, Section 401.012, whose principal location of employment is in Texas or has significant contacts with Texas, as set forth in Sections 406.071 and 406.072 of the Texas Labor Code.

Federal Law, which includes Outer Continental Shelf (OCS) coverage, is subject to court interpretations and statutory revisions.

OUTER CONTINENTAL SHELF LANDS ACT [Section 1333 of the Longshore & Harbor Worker (L&HW) Compensation Act] extends L&HW “with respect to disability or death of an employee resulting from an injury occurring as a result of operations conducted on the Outer Continental Shelf for the purpose of exploring for, developing, removing, or transporting by pipeline the natural resources, or involving rights to the natural resources, of the subsoil and seabed of the Outer Continental Shelf.”

Texas Mutual Insurance Company will not provide Outer Continental Shelf coverage without a complete supplemental application and a quote for this coverage.

PROVIDE THE FOLLOWING INFORMATION: (If you need additional space, attach additional pages.)

1. Describe, in detail, those activities on offshore platforms:

2. Regarding transport to and work on offshore platforms, advise if the following training is provided:

- a. Ocean Survival Training Yes _____ No _____
- b. Helicopter Ditching Survival Training Yes _____ No _____
- c. Proper Platform Boarding & Evacuation Procedures Yes _____ No _____

3. List information regarding any offshore platforms:

	EXPIRING YEAR	RENEWAL YEAR
Platforms within Texas waters (up to 10.35 miles):		
a. Class code and payroll		
b. Maximum # of applicant's employees on a platform		
c. Length of stay on a platform		
d. Number of trips to a platform		

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Platforms on Outer Continental Shelf (beyond 10.35 miles):		
a. Class code/payroll		
b. Maximum # of applicant's employees on a platform		
c. Length of stay on a platform		
d. Number of trips to a platform		
Platforms located elsewhere (other states/countries):		
a. Platform location		
b. Class code/payroll		
c. Maximum # of applicant's employees on a platform		
d. Length of stay on a platform		
e. Number of trips to a platform		

4. Do you have a foreign / international policy? Yes _____ No _____
If yes, provide a copy of the application and policy.
5. Is any work performed aboard watercraft, barges, movable platforms, submersibles, or jack-ups?
Yes _____ No _____ If so, please submit the Jones Act / Maritime Application.
6. Are you requesting to exclude a sole proprietor, partner, or officer of the corporation?
Yes _____ No _____
If yes, provide details of their duties: _____

Note: If the officer's, partner's, or owner's duties include OCS exposure, they are covered under Federal statutes and **cannot** be excluded

NOTE: Currently, the outer continental shelf begins at 10.35 miles in Texas and Florida and 3 miles from the coast elsewhere in the U.S.

You should always consult your agent or attorney to determine which coverages are appropriate for your operations

OUTER CONTINENTAL SHELF COVERAGE ACKNOWLEDGMENT

I understand that Texas Mutual Insurance Company may provide Outer Continental Shelf Act coverage only as an adjunct to Texas statutory workers' compensation coverage.

All information supplied in this application is true and complete; nothing material has been omitted. I understand inaccurate information may alter or void coverage.

APPLICANT / TRADE NAME

*BY _____ DATE _____
Authorized Signature / Title*

***Must be signed by individual proprietor, partner, or corporate officer of the applicant.**

Name of Producer of Record: _____

Signature of Producer of Record _____