

ENERGY CONTRACTOR SUPPLEMENTAL APPLICATION

(please complete all questions)

Agency Name:
Agent:
Address: _____
E-mail Address:
Phone Number:

Section 1 - Applicant Information

Applicant (First Named Insured): _____

Address: _____

Company Website: _____

States where you operate: _____ Radius of Operation: _____

Additional Named insureds and description of operations (if coverage requested): _____

Years in Business under current name: _____

Has the applicant operated under a different business name in the past? (If Yes - please describe):

Historical Exposures

	Gross Sales	Payroll	Subcontractor Costs	Number of Employees	Total Vehicle Count (If XS AL requested)
Upcoming Year					
Prior Year 1					
Prior Year 2					
Prior Year 3					
Prior Year 4					

Section 2 - Applicant Operations

1. What sectors do you work in?

_____ % Refineries, Gas Plants, Petrochemical _____ % Oilfield & Gas _____ % Industrial Plants	_____ % Utilities _____ % Other (describe) _____
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2. Are you a: Contractor Subcontractor General Contractor Consultant Other _____

3. How many years of experience do you have in your field? _____

4. Please input the percentage of work that your employees or your subcontractors perform (should total 100%)

Type of Work	Employees	Subcontractors	Type of Work	Employees	Subcontractors
Acidizing Blasting	%	%	Painting/Sandblasting	%	%
Blow Out Preventer Installation	%	%	Perforation Services	%	%
Casing Running and/or Recovery	%	%	Pipe Fitting	%	%
Cementing	%	%	Pipe Threading	%	%
Cleaning/Swabbing	%	%	Pipeline Construction	%	%
Crane Operation	%	%	Plumbing	%	%
Demolition	%	%	Pumper/Gauger	%	%
Dredging	%	%	Rathole Drilling	%	%
Drilling	%	%	Right of Way Maintenance	%	%
Electrical	%	%	Rig Erection/Dismantling	%	%
Equipment/Supplies	%	%	Rig Moving	%	%
Rental	%	%	Road Building	%	%
Excavating	%	%	Roustabout*	%	%
Fabrication/Manufacturing	%	%	Scaffold	%	%
Fishing	%	%	Site Preparation	%	%
Flowback Services	%	%	Snubbing	%	%
Fracturing	%	%	Steel (Structural)	%	%
Gas Processing	%	%	Supervisory only	%	%
Geophysical Exploration	%	%	Tank Battery Erection	%	%
Hot Oil	%	%	Tank Cleaning	%	%
Hydrostatic Testing	%	%	Trucking for Hire/Others	%	%
HVAC	%	%	Tunneling	%	%
Instrument Logging	%	%	Vacuum Trucking	%	%
Land Clearing	%	%	Vegetation Management	%	%
Lease Beautification	%	%	Welding	%	%
Mechanical Maintenance	%	%	Well Completion	%	%
Mud Logging	%	%	Wireline	%	%
Oil Lease Road Building	%	%	Work Over	%	%
			Other _____	%	%

*If services include Roustabout work, please describe specific services: _____

5. What percentage of your operations are performed offshore, on inland waterways, marsh, swamp or bodies of water? _____% Number of employees over water at one time? _____
6. Are any of your operations subject to Jones Act? Yes No
7. What percentage of your operations are in NY State? _____%
8. Do any of your operations take place in Dimmit, Duval or Zavala counties in South East Texas? Yes No
9. Does the applicant purchase Workers Compensation Insurance for all employees? Yes No
10. What is your Workers Compensation eMod? _____

Contractual Agreements

11. How are servicing operations contracted out by the insured?
 Master Service Agreement
 Company Contract
 Work Orders
12. Are all contractors and subcontractors used by you required to carry insurance? Yes No
13. Does the written contract require contractors and subcontractors to:
 Name you as an additional insured?
 Indemnify you and hold you harmless for their work?
 Waive subrogation against you?
 Provide limits equal to or greater than your limits?

14. Do you obtain certificates of insurance from all contractors and subcontractors? Yes No
15. How long do you retain those certificates? _____
16. What limits of insurance do you require your subcontractors to carry for:
 _____ General Liability _____ Umbrella/Excess Liability

Equipment Rental Operations

17. Does the insured rent equipment to others? Yes No
 (If yes, please complete the remainder of the questions in this section)
- a. Percentage of equipment rented to others: _____ Without Operator _____ With Operator
- b. Description of equipment rented without operator: _____
- c. Description of equipment rented with operator (please describe services provided): _____
- d. Does the insured require a written rental agreement for all equipment rented without operator? Yes No
- e. Does the rental agreement contain indemnification and hold harmless agreements in favor of the applicant? Yes No
 Please attach a copy of the rental agreement or contract
- f. Does the insured deliver/pickup rented equipment to/from field sites? Yes No
 Max delivery distance: _____
- g. Does the insured inspect equipment after each rental period? Yes No

Welding Operations

18. Percentage of Work Performed:
 % Performed at insured's location/in shop
 % Performed at client's location/3rd part site
19. Type of Welding Performed
 % Acetylene Welding
 % Arc Welding
 % Electric Welding
 % Hydorgen Welding
 % Other (Describe): _____
20. Are all welding operations performed by certified welders? Yes No
21. Number of years of experience as a welder? _____
22. Does the insured perform welding operations:
 Yes No On pipelines or containers which have previously carried, or still carry, any flammable liquids or gas?
 Yes No At a refinery or petrochemical facility?
 Yes No On any active or flowing Pipelines ("hot trap")?
 Yes No On well heads or "Over the hole"?
 If yes, who is responsible for closing valves, bleeding pipelines or testing containers to make
 sure they are safe for welding operations?
 Yes No Are formal "green light" or work permits obtained prior to any welding operations?

Pipeline Construction Operations

23. Percentage of work performed for
 % New Pipeline Construction
 % Pipeline Repair Work
24. Percentage of work performed related to
 % Oil Pipeline
 % Gas Pipeline
 % Gathering Lines

25. Percentage of work performed related to
 % Transmission
 % Distribution/Cross Country Pipelines
 % High Pressure Lines
 % Water Pipelines
 % Other (Describe) _____
26. Percentage of work performed on pipeline that is
 % Under 4 inches
 % 4 to 10 inches
 % 10 to 20 inches
 % Over 20 inches
27. Percentage of work performed
 % Above Ground
 % Below Ground
28. What percentage of pipeline work is in High Consequence Areas as defined by PMSHA? _____ %
29. Work performed at
 Yes No Lease Sites
 Yes No Within Right of Ways
30. Any trenching deeper than 4'? Yes No
 a. If yes, are written emergency procedure in place? Provide Details:

31. Is the insured responsible for locating existing pipelines prior to digging? Yes No
 a. If No, who is responsible? _____
 b. If Yes, is a one call service used? _____
 c. Are written records kept? Yes No
32. Any tunneling or boring under roads? Yes No

Section 3 - Loss Control

EMPLOYEE SAFETY/HIRING/TRAINING INFORMATION

33. Do you have a formal written safety program in place? If Yes, please provide a copy Yes No
34. Does your safety program incorporate OSHA standards and best practices? Yes No
35. Is there a formal safety director? Yes No
 a. If No, who administers the safety program? _____
36. Are safety meetings held on a regular basis? Yes No
 b. How often? _____
37. Do you have a formal training program for new employees? Yes No
38. Is there a formal accident reporting system in place? Yes No
39. Do your hiring practices require:
 a. Criminal background checks? Yes No
 b. Physical exam checks? Yes No
 c. Pre-Employment and Random or Post Accident Drug testing? Yes No
40. Do all employees receive training regarding responsibilities in the event of a pollution incident? Yes No
41. Does the insured lease any employees? Yes No

AUTOMOBILE FLEET AND DRIVER SAFETY

42. Does your safety program address vehicle use and driver safety? Yes No
43. Does the driver safety program contain:
 a. Cellphone Use/No Texting While Driving Yes No
 b. Drug and Alcohol Policies? Yes No
 c. Safe Driving/Speeding Policies? Yes No
 d. Pre-Trip Safety Inspection Policies? Yes No

- e. Personal use of company vehicles policies? Yes No
1. Are personal use vehicles limited to assigned drivers Yes No
 2. Are employee family members allowed to use company vehicles Yes No
- f. Are drivers required to acknowledge safety policies in writing? Yes No
44. Do you have a formal driver hiring program in place? Yes No
- a. Does the program have a minimum acceptable criteria for:
 1. Driver age? Yes No Age minimums: _____
 2. No In-force/valid license Yes No
 3. Moving violations? Yes No
 4. No DUI/DWI? Yes No Maximum allowed in the last 12 months? _____
In the last 3 years? _____
 - b. Do you review MVR's for all drivers? Yes No
 - c. Are MVR's checked after a certain period of time? Yes No How often? _____
45. For CDL drivers, what is the minimum number of years of experience required? _____
46. Are vehicles inspected and maintained on a regular basis? Yes No
- a. Who performs maintenance on vehicles? _____

Section 4 - Coverage & Loss History

Current Carrier Information

Carrier: _____ CGL Limits: _____ Retention Amount: _____

Pollution Coverage: _____

S&A: Yes No (Discovery /Reporting)

CPL: Yes No

Errors and Omissions: Yes No

Retroactive Date: _____

Other Claims Made Coverage(s): _____

Retroactive Date: _____

We require:

- 5 years of currently valued loss runs (90 days prior to inception) for any requested coverage or scheduled underlying coverage
- Detailed description of any open loss above \$25,000.

- Have you ever been convicted or received a citation for violating any statute, law or other such regulation regarding environmental damage or pollution? Yes No
- Has any insurance carrier cancelled or declined to renew similar insurance coverage in the last 5 years to any applicant for reasons of non-payment of premium to any insurance (or finance) company? If Yes, explain: Yes No

Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of the application only, a claim means a receipt of a demand for money, service or arbitration. If "Yes," please describe below, including the name(s) of the person, company, entity and the name(s) and location(s) of the project(s) where such operations were performed (attach separate sheet if necessary): _____ Yes No

Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? Yes No

If "Yes," please describe below, including the name(s) and location(s) of the projects where such operations were performed (attach separate sheet if necessary): _____

FRAUD WARNING NOTICE

California: For your protection California law requires the following to appear on this form "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Arizona: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

All other states:

WARNING: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO FOR THE PURPOSE OF MISLEADING SUCH INSURANCE COMPANY OR OTHER PERSON, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A FELONY CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE RESTITUTION, IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

[Signatures on Next Page]

SIGNATURES

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does acceptance or review of this application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

APPLICANT SIGNATURE:

Applicant Name (Printed) Applicant Title

Applicant Signature* Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

PRODUCER INFORMATION:

Producer Name (Printed) Producer Signature*

Agency/Brokerage Name License # Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

* You may sign this form electronically by checking the Electronic Signature and Acceptance box below your signature and then either applying your electronic signature to or typing your name above the signature line on this form. By doing so, you agree that your use of a keypad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third-party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.