|  |
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| **PLEASE ANSWER ALL QUESTIONS COMPLETELY.****NOTICE:** For certain policies and coverage forms issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.**ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:**1. Qualification including resumes, brochures, and a listing of previous projects
2. Most recent income statement and balance sheet
3. Five years of currently valued loss runs including pollution and professional, if applicable
4. Completed ACORD application
 |
| 1. **Applicant Information**
 |
| Applicant Name:  | Date: |
| Inspection Contact Name: | Title: | Phone: |
| Address: |
| City: | State: | Zip: |
| Company Website URL: | D&B Number: |
| Form of Business:  ☐ Individual  ☐ Partnership  ☐ Corporation  ☐ Joint Venture  ☐ Other (describe) |
|  | Class of business:☐ Consulting and Engineering Services *(complete section below)*☐ Service Contractor *(complete section below)* |
|  | If there is more than one proposed Named Insured, list each and provide percentage of ownership: |
|  | How long has the applicant been in business? |  |
|  | How many years of experience in the industry? |  |
|  | Is the Applicant a successor of any other business? |  |
|  | Is the Applicant directly or indirectly controlled, owned, or otherwise managed by another party? |  |
|  | Does the Applicant directly or indirectly control, own, or otherwise manage any other entity? |  |
|  | Does the Applicant, or any affiliated, related predecessor entity, currently share office space or use of employees, or co-mingle with affiliated or related operations of any kind? |  |
|  | Is work done for the Applicant through or by any affiliated or related company(s)? |  |
| **If yes to *any* of the questions listed above**, please include a detailed explanation: |

|  |  |
| --- | --- |
|  | Other Entities—Please provide the following information for any other entities that are to be included: |
| Legal Name | Ownership Percent | Operations/Services Provided |
|  |  % |  |
|  |  % |  |
|  |  % |  |
|  |  % |  |
| 1. **Gross Annual Revenue\***
 |
| *\* Gross Annual Revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind, including subcontracted revenue* |
|  | Estimated Gross Annual Revenue for upcoming 12 month period: | $ |
|  | Please list Applicant's Total Gross Annual Revenues for the preceding 3 years. |
| First Prior Year | Domestic: $ | Foreign: $ |
| Second Prior Year | Domestic: $ | Foreign: $ |
| Third Prior Year | Domestic: $ | Foreign: $ |
|  | What percentage of the time does Applicant work without a written contract? | % |
|  | Does the Applicant directly or indirectly perform work on residential properties? |  |
| **If yes**, what percentage of the Applicant's overall revenue is associated with residential work? | % |
| 1. **Subcontractors**
 |
|  | Does Applicant ever work with subcontractors? |  |
|  | Are all subcontractors licensed and accredited? |  |
|  | What percentage of work is subcontracted? | % |
|  | Does Applicant maintain current certificates of insurance from all subcontractors? |  |
| **If yes**, where are they kept on file? |  |
|  | Please indicate the minimum insurance coverages that Applicant requires subcontractors to carry: |
| Coverage | Limits |
| Commercial General Liability: Blanket Commercial Products/Completed Operations Underground Resources | $ | ☐ None |
| Contractors Pollution Liability | $ | ☐ None |
| Employers Liability | $ | ☐ None |
| Umbrella/Excess Liability | $ | ☐ None |
| Auto Liability  | $ | ☐ None |
| Professional Liability | $ | ☐ None |
| Other: | $ | ☐ None |
|  | Is Applicant named as an Additional Insured on the subcontractors' policies? |  |
|  | Does Applicant obtain a Waiver of Subrogation from subcontractors' insurance carriers? |  |
|  | Is subcontractor's insurance endorsed to be primary over Applicant's insurance? |  |
|  | Is a standard written contract used with Applicant's subcontractors? |  |
|  | Does that contract include Hold Harmless and Limitation of Liability clauses in Applicant's favor? |  |
| ***Applicant does not use any subcontractors:*** | ☐ Agree |
| 1. **General Information**
 |
|  | Specify the approximate percentage of services provided for each of the following categories: |
| Refineries, Gas Plants, Petrochemical Plants: |  % | Environmental: |  % |
| Oilfields: |  % | Industrial Plants: |  % |
| Other (describe): |  % |
|  | Any use of cranes, hoists or riggings? | ☐ Yes ☐ No |
|  | If yes, how many stories? |  |
| With or without operators? | ☐ With ☐ Without |
| Appropriate number of jobs per annum? |  |
|  | Total personnel (count each person once, by primary function): |  |
| Petroleum or General Engineers: |  | Draftsmen/Technicians: |  |
| Geologists: |  | Clerical Employees: |  |
| Supervisors/Foremen/Leadmen: |  | Safety: |  |
| Other (please specify primary function and count per function): |
|  | Is the Applicant subject to any of the following? Check all that apply: |
| ☐ Jones Act    ☐ Federal Employers' Liability Act    ☐ Longshoremen's and Harbor Workers Act |
|  | Engineering and inspection information: |
|  | Does the Applicant have a formal/written safety plan? | ☐ Yes ☐ No |
|  | Does the Applicant have a safety director on staff? | ☐ Yes ☐ No |
|  | Are periodic safety meetings conducted? | ☐ Yes ☐ No |
| If yes, how often? |  | Are all employees required to attend? |  |
|  | Does Applicant sign a contract with clients? | ☐ Yes ☐ No |
| If yes, what type? |  |
| Does it contain indemnification and/or hold harmless wording? | ☐ Yes ☐ No |
| Is the indemnification and/or hold harmless wording mutual or does it favor one party over the other? |  |
| If the indemnification and/or hold harmless wording favors one party over another, whom does it favor? |  |
| 1. **U.S.A. and Canada Exposures**
 |
|  | Please list all States/Provinces in which Applicant works or plans to work: |
|  | Are any of the Applicant's revenues generated by contracting services performed in New York (5 Boroughs, Nassau, Suffolk, Westchester, and/or Rockland Counties)? | ☐ Yes ☐ No |
| If yes, what percentage of the Applicant’s overall sales is associated with this operation? | % |
| 1. **International Exposures**
 |
|  | What percentage of Applicant's work is outside the USA or Canada? | % | Value: $ |
|  | Please list all countries Applicant works in or plans to work in: |
|  | Please list services performed in the above countries: |
| ***Applicant does not perform any work or services outside the USA or Canada:*** | ☐ Agree |
| 1. **Offshore and Over Water Exposures**
 |
|  | What percentage of Applicant's work is over water (including marshes, bays, inland waters and offshore)? | % |
|  | How often does Applicant or Applicant's employees work offshore/overwater? Choose **one** of the following: |
| Average number of days per month: | ***OR*** | Maximum number of days per annum: |
|  | Does Applicant or Applicant's employees stay offshore/overwater? | ☐ Yes ☐ No |
| If yes, choose one of the following: |
| Average number of days per month: | ***OR*** | Maximum number of days per annum: |
|  | Describe a typical offshore/over water project, including services performed and project duration: |
|  | Number of employees offshore at any one time: |  |
| Number of Professional Staff: |  | Number of Labor/Technicians: |  |
|  | Who is responsible for transportation to offshore worksites? |  |
|  | What percentage of Applicant's work is from boats, docks or barges? | % |
| ***Applicant does not perform any work or services that requires working over water or offshore:*** | ☐ Agree |
| 1. **Expiring Liability Carrier Information (Complete in the absence of an ISO ACORD 125)**
 |
|  | **Coverage Form** | **Limits of Liability** | **Deductible/SIR** | **Carrier** | **Premium** |
| Commercial General Liability |  |  |  |  |
| Maritime Employers’ Liability |  |  |  |  |
| Employers’ Liability |  |  |  |  |
| Automobile Liability |  |  |  |  |
| Professional Liability |  |  |  |  |
| Umbrella/Excess/Liability |  |  |  |  |
| Other Liability (please describe): |  |  |  |  |
|  | Has any policy or coverage been declined, cancelled and/or non-renewed during the prior five years? If yes, please explain: | ☐ Yes ☐ No |
| 1. **Claims and Losses Information**
 |
|  | Has any claim, suit or notice of incident been made against the firm, subsidiary or related entity or any staff member? **If yes**, please provide full details on each incident: | ☐ Yes ☐ No |
|  | Is the Applicant aware of any circumstance which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff members? **If yes**, please provide full details on each incident: | ☐ Yes ☐ No |
| 1. **Requested Coverage**
 |
| ☐ New Business ☐ Renewal | Proposed Effective Date: |
| ☐ Commercial General Liability (☐ Occurrence or ☐ Claims Made) | Proposed Retroactive Date: |
| ☐ Contractors Pollution Liability (☐ Occurrence or ☐ Claims Made) |
| ☐ Professional Liability (Claims Made Only) | Retroactive Date: |
| ☐ Environmental Impairment Liability (Claims Made Only) |
| 1. **Consulting And Engineering Services (Complete only if Applicant is involved in Consulting or Engineering services)**
 |
|  | Which of the following most accurately describes the majority of the Applicant's business? **Choose one only.** |
|  | Other than observe and report: |
| ☐ Involved with direct supervision, control or oversight of rig or rig personnel |
| ☐ May include ability to stop work, engage, hire, fire, select or otherwise control the jobsite |
| ☐ Acts as project manager or controller on behalf of owner |
| ☐ Provides Health and Safety consulting or training |
|  | Observe and report only: |
| ☐ Consultants without any direct supervision or oversight of rig or rig personnel |
| ☐ Not involved in actual drilling, exploration, completion, work over or production services |
| ☐ No ability to stop work, engage, hire, fire, select or otherwise control the jobsite |
| ☐ Strictly observe and report basis, reporting to project owner |
|  | Specialist service provider (Note: services in Item C are not a fit for the Alta program): |
| ☐ Provides onsite services and/or direct supervision of a specialized service that is either over the hole or down hole |
| ☐ Specialized services including Production; Perforating/Completion; Drilling and/or Directional Drilling; Work Over;    Mud Men/Mud Loggers |
|  | Subcontractors/Subconsultants: |
|  | Does Applicant manage or supervise subcontractors or subconsultants at any project or worksite? | ☐ Yes ☐ No |
|  | Does Applicant sign contracts/work orders with subcontracts/subconsultants on the client's behalf? | ☐ Yes ☐ No |
|  | Are any subcontractors/subconsultants hired without written contract? | ☐ Yes ☐ No |
|  | Does Applicant require subcontractors/subconsultants to sign a contract before hiring them? | ☐ Yes ☐ No |
|  | Does the Applicant have a signed Master Service Agreement (MSA) on file for each subcontractor before the subcontractor begins work? **If yes:** | ☐ Yes ☐ No |
|  | What form of MSA is used? | ☐ API ☐ IADC ☐ Other (attach copy) |
|  | Describe the MSA guidelines (including if MSAs are required on all subcontractors, only subcontractors who perform specific operations, based on expenditure threshold or based on other factors): |
|  | Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf. |
| Consulting And Engineering Classifications | Percent Performed by Applicant | Percent Performed by Subs |
| Drilling and Directional Drilling Consultants |  % |  % |
| Geophysical |  % |  % |
| Mud Men/Mud Loggers |  % |  % |
| Perforating/Completion Consultants |  % |  % |
| Pipeline Consulting/Inspection on land |  % |  % |
| Pipeline Consulting/Inspection over water |  % |  % |
| Production Consultants |  % |  % |
| Project Management, including Health and Safety |  % |  % |
| Project Management, without Health and Safety |  % |  % |
| Reserve Engineering |  % |  % |
| Reserve Modeling Consultants |  % |  % |
| Rig Mobilization Consultants |  % |  % |
| Seismic Surveys |  % |  % |
| Well Design |  % |  % |
| Workplace Health and Safety Training |  % |  % |
| Work Over Consultants |  % |  % |
| Other (describe): |  % |  % |
| 1. **Service Contractor (Complete only if Applicant is a Service Contractor OTHER THAN a Consultant Or Engineer, Drilling Contractor, Lease Operator/Non-Operator or Pipeline Operator)**
 |
|  |  | Estimated annual payroll: | $ |
|  | Does the Applicant carry Workers' Compensation insurance in compliance with the applicable state Workers' Compensation Act? | ☐ Yes ☐ No |
|  |  | Does the Applicant have a signed Master Service Agreement (MSA) on file for each subcontractor before the subcontractor begins work? **If yes:** | ☐ Yes ☐ No |
|  |  |  | What form of MSA is used? | ☐ API ☐ IADC ☐ Other (attach copy) |
|  |  |  | Describe the MSA guidelines (including if MSAs are required on all subcontractors, only subcontractors who perform specific operations, based on expenditure threshold or based on other factors): |
|  |  | Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf. |
| Service Contractor Classifications | Percent Performed by Applicant | Percent Performed by Subs |
| **Contracting and Service Classes** |
| Above Ground Storage Tank Installation |  % |  % |
| Analytical Laboratories |  % |  % |
| Cementing |  % |  % |
| Cleaning/Janitorial |  % |  % |
| Cleaning/Snubbing/Capping of Wells |  % |  % |
| Completion/Perforating |  % |  % |
| Crane Operators/Riggers |  % |  % |
| Down Hole Tool Operating |  % |  % |
| Drilling/Re-drilling (Oil/Gas/SWD) |  % |  % |
| Electrical |  % |  % |
| Fencing |  % |  % |
| Fishing/Tool Retrieval Contractors |  % |  % |
| Fracturing Services |  % |  % |
| General Repair Shops including Welders |  % |  % |
| Hot Oil Services |  % |  % |
| Hydrostatic Testing |  % |  % |
| Mud Loggers/Mud Men |  % |  % |
| Painting/Sandblasting |  % |  % |
| Pipeline Construction — Flowlines and Gathering Lines |  % |  % |
| Pipeline Construction — Transmission Lines |  % |  % |
| Plant Turnaround/Maintenance |  % |  % |
| Pumping/Gauging |  % |  % |
| Rig/Equipment Cleaning |  % |  % |
| Rig Erection/Tear Down Including |  % |  % |
| Roustabout |  % |  % |
| Maintenance/ Repair |  % |  % |
| Salt Water Hauling for Others |  % |  % |
| Site Reclamation |  % |  % |
| Soil Removal/Remediation |  % |  % |
| SWD Operation (not drilling) |  % |  % |
| Tank and/or Pipe Cleaning |  % |  % |
| Vacuum Services |  % |  % |
| Valve Installers/Re-packers (Contractors) |  % |  % |
| Welding — Over the Hole |  % |  % |
| Welding — Not Over the Hole |  % |  % |
| Well Completion |  % |  % |
| Well Plugging/Abandonment |  % |  % |
| Well Servicing/Work Over |  % |  % |
| Wireline/Slickline Services |  % |  % |
| **Manufacturing and Re-Manufacturing** |
| Machine/Fabrication Shop Services |  % |  % |
| Oilfield Products Manufacturing — New |  % |  % |
| Oilfield Products Remanufactures |  % |  % |
| Tank and Vessel Manufacturers |  % |  % |
| Tubular Goods Manufacturers/ Remanufacturers |  % |  % |
| Tubular Goods—Thread/Rethread/Straighten |  % |  % |
| Valve Manufacturers and Remanufacturers |  % |  % |
| **Sales, Rental and Distribution** |
| Crane Rental Companies (with or without operators) |  % |  % |
| Down Hole Equipment Dealers – New and Used |  % |  % |
| Down Hole Equipment Rental Companies |  % |  % |
| Equipment Dealers – New and Used (no remanufacturing) |  % |  % |
| Equipment Rental Companies – Pumps, Tools, Motors, etc. |  % |  % |
| Mud Dealers |  % |  % |
| Pipe Dealers – New and Used (no remanufacturing) |  % |  % |
| Safety Equipment Dealers |  % |  % |
| **Fraud Notices** |
| **Notice to Arkansas and West Virginia Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**Notice to District of Columbia Applicants:** 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. **Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**Notice to Hawaii Applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.**Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.**Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**Notice to New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.**Notice to New York Applicants:** 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 stated value of the claim for each such violation.**Notice to Ohio Applicants:** 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.**Notice to Oklahoma Applicants:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policycontaining any false, incomplete or misleading information is guilty of a felony.**Notice to Oregon Applicants:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**Notice to Pennsylvania Applicants:** 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 subjects such person to criminal and civil penalties.**Notice to Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**Notice to Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**Notice to Applicants of all other states:** 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 subjects the person to criminal and civil penalties. |
| **Warranty Statement** |
| The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued. |
| Authorized signature: |  | Date: |  |
| Typed or printed name: |  | Title: |  |