



# ENERGY CONTRACTORS AND CONSULTANTS APPLICATION

**Applicants Instructions:**

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Application must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS APPLICATION.
- Please include an ACORD application as part of this application.

THE TERM "WILL YOU" IN A QUESTION MEANS UNTIL THE EXPIRATION DATE OF THE POLICY.

**APPLICANT INFORMATION**

Full name of applicant:	
Address:	
Website address:	
Separately list and describe all operations:	
List states in which the applicant operates and percentage:	
List all business names the applicant has used in the past:	
Number of years in business under current name:	Number of years experience:
List any industry associations of which you are a member:	
If you are new in business, please attach your resume.	
Licensed for business in state(s):	Contractors license number:
Inspection contact name and telephone number:	
List the applicant's workers compensation modification rate:	

**REQUESTED COVERAGE (Select all coverages requested)**

<input type="checkbox"/> New <input type="checkbox"/> Renewal						
Coverage <small>*Coverage requires completion of a supplemental application</small>	Occur- rence	Claims Made	Effective Date	Retro Date	Limits Of Liability	Deductible
Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>				\$
Contractors Pollution Liability	<input type="checkbox"/>	<input type="checkbox"/>				\$
Professional Liability	N/A	<input type="checkbox"/>				\$
Site Specific Pollution Liability*	N/A	<input type="checkbox"/>				\$
Excess	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," please attach a completed ACORD application and Loss Runs.			
Project Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," please attach the Project Specific Coverage Request Form.			
Other Coverages (List):						
Endorsements (List):						

## OPERATIONS

<b>1.</b>	Percentage of operations as:	General Contractor %	Subcontractor %	Owner/Builder %	Construction Manager %
<b>2.</b>	Please list your three (3) largest projects completed in the last three (3) years.				
	Project Name	Location	Services Provided	Construction Value of Completed Project	
<b>3.</b>	Please provide the following information for your operations over the last three (3) years:				
		Payroll	Louisiana Limited Payroll	Gross Receipts	Subcontracted %
	1st Prior Year				
	2nd Prior Year				
	3rd Prior Year				
<b>4.</b>	Please provide a projection for your operations in the next twelve (12) months:				
		Payroll	Louisiana Limited Payroll	Gross Receipts	Subcontracted %
	Next Twelve (12) Months Projection				
<b>5.</b>	Please provide a projection for your operations in the next twelve (12) months by classification in the table below:				
	<b>CONTRACTING</b>	Payroll	Louisiana Limited Payroll	Gross Receipts	Subcontracted %
	91250 Boiler Inspect, Install, Clean				
	91342 Carpentry – Noc				
	91560 Concrete Construction				
	91577 Conduit Construction – Cables Or Wires				
	91629 Debris Removal				
	92451 Electrical Apparatus				
	92478 Electrical Work – Within Buildings				
	94007 Excavation				
	95410 Grading Of Land				
	95625 Handymen				
	95630 Hazardous Material Contractor				
	96816 Janitorial Services				
	97220 Machine Shops – Noc				
	97222 Machinery/Equipment – Industrial				
	97653 Metal Erection – Noc				
	97655 Metal Erection-Structural – Noc				
	98152 Oil Or Gas – Lease Work By Contractor				
	98153 Oil Or Gas Wells – Acidizing				
	98154 Oil Or Gas Wells – Cementing				
	98155 Oil Or Gas Wells – Cleaning				
	98159 Oil Or Gas Wells – Instr Log Or Survey Work				

**OPERATIONS (continued)**

	Payroll	Louisiana Limited Payroll	Gross Receipts	Subcontracted %
<b>CONTRACTING (continued)</b>				
98160 Oil Or Gas Wells – Perforating Case				
98161 Oil Or Gas Wells – Servicing				
98163 Oil Rig Erecting/Dismantling				
98164 Oil Still Erection Or Repair				
98423 Pipeline Construction – Gas				
98425 Pipeline Construction – Oil				
98427 Pipelines – Operation/Gas				
98429 Pipelines – Operation/Oil				
98482 Plumbing – Commercial/Industry				
98636 Refrigeration Systems Or Equipment				
98658 Rigging – Not Ship Or Boat				
99080 Solar Energy Contractors				
99315 Street/Road Construction				
99570 Tank Construction, Install, Repair – Metal/Non Pressure				
99571 Tank Construction, Install, Repair – Metal/Pressure				
99969 Welding Or Cutting				
99987 Wrecking – Three (3) Stories Or Less				
Other:				
Other:				
Other:				
<b>CONSULTING</b>				
91135 Analytical Chemists				
41620 Construction Or Project Manager				
41677 Consultants – Noc				
92663 Engineers Or Architects				
Eyes And Ears Only				
95357 Geophysical Exploration – Noc				
Hazardous Materials Consulting				
99471 Surveyors				
Process Engineering				
Other:				
Other:				
Other:				
<b>PRODUCTS</b> (if greater than 20% of gross receipts, please also attach a completed Products Supplemental Application.)				
11101 Chemical Distributors				
51850 Chemicals Manufacturing – Comm/Ind. – Noc				
11207 Contractors' Equipment – Excl. Autos – With Operators				

**OPERATIONS (continued)**

	<b>PRODUCTS</b> (continued)	Payroll	Louisiana Limited Payroll	Gross Receipts	Subcontracted %
	11208 Contractors' Equipment – Excl. Autos – Without Operators				
	11213 Contractors' Equipment – Steam Boilers, Compressors, Etc. With Operators				
	11214 Contractors' Equipment – Steam Boilers, Compressors, Etc. Without Operators				
	012362 Distributor - No Food/Drink – Noc				
	55647 Instrument Manufacturing – Analytical, Calibration, Measuring, Recording				
	55649 Instrument Manufacturing – Noc				
	56652 Machinery Or Machinery Parts Manufacturing				
	15060 Machinery Or Equip Dealers – Const Or Ind – Mobile				
	15188 Oil Or Gas Wells Supply/Equip Dealer – 2nd Hand				
	15733 Oil Refineries				
	58009 Pipes Or Tubes Mfg. – Metal				
	58532 Pumps Or Compressors Manufacturing				
	59660 Tank Building/Manufacturing – Metal – No Pressure				
	59661 Tank Building/Manufacturing – Metal – Pressurize				
	59892 Valves Manufacturing				
	Other:				
	Other:				
	Other:				
	<b>PREMISES</b>				
	Bulk Storage Facility				
	92453 Electric Light Or Power Coop				
	Hydroelectric Power Generation				
	99081 Solar Energy Farms				
	Transloading Facility				
	99082 Wind Farms – on shore				
	Other:				
	Other:				
	Other:				
<b>6.</b>	Have you been involved, are you currently, or will you be involved in “fracking” operations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If “Yes,” please describe:				
<b>7.</b>	Have you been involved, are you currently, or will you be involved in control of well, lease operations/ownership, or production well drilling?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If “Yes,” please describe:				
<b>8.</b>	Have you been involved, are you currently, or will you be involved in mining operations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If “Yes,” please describe:				

9.	Have you been involved, are you currently, or will you be involved in hauling operations for others as a common or contract carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
10.	Have you been involved, are you currently, or will any of your employees work under the U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
11.	Have you been involved or will you be involved with blasting operations or any other hazardous work activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
12.	Have you been involved, are you currently, or will you or your subcontractors be involved in any removal or abatement or remediation of asbestos, lead, PCB's, mold or other hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
13.	Does the applicant conduct underground tank or pipeline installation work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
14.	Does the applicant install any type of liner, i.e. landfill, lagoons, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
15.	Does the applicant conduct geotechnical operations (i.e. foundation, retaining wall, slope stability, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
16.	Does the applicant conduct any construction on hillsides, slopes, or subsidence areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
17.	Does the applicant directly or indirectly perform work on residential, habitational, condominium or apartment properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
18.	Will you be doing any demolition work other than remodeling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
19.	Have you been involved, are you currently, or will you be involved in safety oversight operations for other than your own employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
20.	Have you been involved, are you currently, or will you be involved in scaffolding erection operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
21.	When leasing equipment from others, do you do so with operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
22.	Do you own or lease cranes or other aerial lifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If owned or leased, describe type of equipment.	
23.	What is the maximum height above grade at which the applicant will work (in feet)?	
24.	What is the maximum depth below grade at which the applicant will work (in feet)?	
25.	Are any of the applicant's revenues generated by contracting services performed in New York?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
26.	Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	

### SUBCONTRACTED EXPOSURES

<b>1.</b>	If you employ subcontractors, do you require a written contract from all subcontractors prior to being allowed on the job site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>	Does the contract include the following:	
<b>a.</b>	Hold harmless and indemnification in favor of you and owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b>	Waiver of subrogation in favor of you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	You and owner (if applicable) named as additional insured by the subcontractor and any sub-subcontractors on subcontractor's GL policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b>	Coverage includes products/completed operations and full contractual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	Limits of liability equal to or greater than your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f.</b>	Do you require excess limits from subcontractors hired by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Limit: _____ Type of work performed by Sub: _____	
<b>g.</b>	Do you obtain current certificates of insurance from each sub-contractor prior to them starting work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>	Do you ever hire subcontractors without a contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b>	Do you ever employ temporary or day laborers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	

### LOSS CONTROL

<b>1.</b>	Do you have a formal safety program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>	Does your safety program contain the following:	
	Written procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pre-planning meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Safety meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Accident reporting system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>	During the past five (5) years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
<b>4.</b>	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):	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.</b>	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? 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):	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.	Are you engaged in any "wrap ups" or owner control programs that are separately covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you or have you ever been involved in a designated project which is/was separately covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please list all (attach separate sheet if necessary):	
8.	What company currently writes your general liability coverage:	
	Deductible:	Premium: \$
	Willing to renew?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**WARRANTY**

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Title (Officer, Partner, etc.)

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR  
THE INSURER TO PRODUCE INSURANCE.