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| ®ENERGY, INDUSTRIAL & UTILITY RISK SOLUTIONS, LLC |  |

# Quick Renewal Application for Contractors, Consultants & Manufacturers

## Section I – General Information

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| 1) Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) Outline any changes to operations and services provided or to products offered/manufactured:

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##  Section II – Exposure Information

1) Exposure Change:

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| **Estimated Year:** | **Current Year:** |
| Annual Revenue: | $\_\_\_\_ | Annual Revenue: | $\_\_\_\_ |
| Annual Payroll: | $\_\_\_\_ | Annual Payroll: | $\_\_\_\_ |
| Annual Subcosts: | $\_\_\_\_ | Annual Subcosts: | $\_\_\_\_ |
| Annual Employee Count: | \_\_\_\_ | Annual Employee Count: | \_\_\_\_ |
| Annual Fleet Count:  | \_\_\_\_ | Annual Fleet Count: | \_\_\_\_ |
| Annual Foreign Revenue: | $\_\_\_\_ | Annual Foreign Revenue: | $\_\_\_\_ |
| Annual Foreign Payroll: | $\_\_\_\_ | Annual Foreign Payroll: | $\_\_\_\_ |

*If any of the exposures listed above have deviated more than 20% from the exposures presented last year, please advise reason(s) for deviation:*

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2)LOUSIANA RISKS ONLY:

*Note, only applicable to consultants and field service employees.*

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| Total # LA Employees: \_\_\_\_\_\_\_ Total LA payroll: $\_\_\_\_\_\_\_\_\_\_ Payroll outside of LA: $\_\_\_\_\_\_\_\_\_\_\_ |

3) Work/Service is estimated as:

\_\_\_\_\_% Land-based. \_\_\_\_\_% Dock-side (USL&H).

**\_\_\_\_\_**% On board vessels or rigs in Coastal/Oceanic Waters (Jones Act).

\_\_\_\_\_% On board vessels or rigs in Inland Waterways (Lakes, Rivers, Marshes, Bays – (USL&H)).

4) USL&H Payroll: $\_\_\_\_\_\_\_\_\_\* Jones Act Payroll: $\_\_\_\_\_\_\_\_\* **\**If any, a copy of MEL application will be required***

##  Section III – Subcontractor Information

1. Does the insured utilize subcontractors? Yes [ ]  No [ ]
2. Does the insured utilize independent contractors (1099s)? Yes [ ]  No [ ]
3. Are Certificates of Insurance obtained from all subcontractors? Yes [ ]  No [ ]
4. Are Master Service Agreements Utilized? Yes [ ]  No [ ]  (*Attach a copy @ binding)*
	1. What limits are subcontractors required to carry?

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| General Liability: | $ |
| Pollution Liability: | $ |
| Professional Liability: | $ |
| Workers Compensation: | $ |
| Auto Liability: | $ |
| Excess Liability: | $  |

* 1. What % of MSAs have a hold harmless agreement in favor of the insured? \_\_\_\_\_%

##  Section IV – Auto Information

* ***Please provide an updated underlying auto quote***
* ***Please provide 5 Years of CURRENTLY VALUED Loss Runs***
1. Does the insured review MVR’s prior to hiring and annually for all drivers? Yes [ ]  No [ ]

How frequent? Pre-hire [ ]  Quarterly [ ]  Semi-annually [ ]  Annually [ ]

*Note, this does not apply to the auto carrier running MVRs*

1. What are company vehicles being used for?

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1. Are employees and independent contractors permitted to use personal vehicles for business use? Yes [ ]  No [ ]

If so, what % of employees: \_\_\_\_\_%

If so, estimated total annual mileage: \_\_\_\_\_\_\_\_

1. Are employees permitted to use company vehicles for personal use? Yes [ ]  No [ ]

If so, what % of employees: \_\_\_\_\_%

If so, are family members or non-employees permitted to drive or ride in company vehicles?

1. Are employees permitted to take company vehicles home? Yes [ ]  No [ ]

If so, what % of employees: \_\_\_\_\_%

1. Number of autos rented/leased by insured annually: \_\_\_\_\_\_\_\_

Estimated mileage for rented/leased vehicles: \_\_\_\_\_\_\_\_

*Note, not including autos already specifically scheduled on underlying auto policy*

1. What % of vehicles are equipped with telematic devices? \_\_\_\_\_%
2. For every single claim exceeding $100,000 in incurred losses or reserves, please elaborate on (1.) What Happened, (2.) Who’s At Fault, and (3.) How Is the Insured Preventing Similar Occurrences:

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The applicant agrees, represents, and warrants that the statements and information contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted, or misstated. Any failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in this application, including all statements, information and documents accompanying or relating to this application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

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Applicant Name Title Applicant Signature Date

*(Must be signed by an executive or officer of the company)*