



Small Energy Program Supplemental Application

Required Documentation for Quote Consideration:

- *Acord General Application and Workers' Compensation Application*
- *Currently Valued Loss Runs for the current year and 3 previous years.*
- *Experience Modification Worksheet (Acceptable .60 to 1.35)*
- *Complete Supplemental application*

Named Insured: _____

Detailed Description of Operations:

<u>General Account Information</u>

Has the named insured been in business and carried continuous workers' Compensation for 3 years? Y N

Is this the sole entity of the applicant? If No, please provide ERM14. Y N

Does the Proprietor, Partners, or Senior Officer have more than 3 years experience in this type of work/operation? Y N

Have there been payroll fluctuations of more than 50% upward/downward in the past 3 years? Y N

Is the applicant in Bankruptcy proceedings? Y N

Has the applicant filed for voluntary or involuntary bankruptcy proceedings within The last 5 years? Y N

Within the last three years, has the applicant's workers compensation insurance been cancelled? If yes, please describe circumstances within the comments section. Y N

Does the applicant obtain proof of insurance from any employed subcontractors? Y N

Does the applicant hire contract labor requiring 1099 forms? If yes, please describe operations and whether or not coverage will be provided by this policy. Y N

Does the last three years' loss history include any single claim > \$25,000 incurred? Y N
If yes, please provide details of injury circumstances and any steps applicant has taken to mitigate future occurrences.

Does the loss frequency rate for the last three years' history exceed 1 claim per \$10,000 in premium? If so, please explain frequency. Y N

<u>Exposure Information</u>

Does the applicant work in more than 3 states? If yes, please describe. Y N

Do any employees work predominantly at home? If so, please describe. Y N

Does the applicant own, operate or lease any aircraft to fly its employees? If yes, please provide details (supplemental application may be required). Y N

Do part time or seasonal employees make up more than 25% of the work force? If yes, please describe. Y N

Does the insured's operations include employee leasing, alternative staffing, temporary, volunteer, or donated labor? Y N

Is the application a Professional Employment Organization? Y N

Does the applicants operations include any confined space entry? If yes, please describe operations and controls specific to this exposure. Y N

Do operations include armed security, firefighting or emergency response? Y N

Does the applicant have an operating and enforced written safety program? Y N

Do they have a pre-employment drug testing program? Y N

Does the applicant provide group transportation to 4 or more employees in any one vehicle? Y N

Do exposures include vehicles driving more than 100 miles each way for a job? Y N

Does the insured engage in operations relating to clean up of oil spill contamination, whether on land or offshore? Y N

Do operations include any exposures in West Virginia? Y N

Coverages & Endorsements:

- Alternate Employer: Y N
If Yes: please indicate Blanket or Specific and reason for coverage. Specific Requires name of entity to be covered and description of operations.
- Waiver of Subrogation: Y N
If Yes: please indicate Blanket or Specific and reason for coverage. Specific Requires name of entity to be covered and description of operations.
- USLH Endorsement: Y N
If Yes: if coverage is more than “if any” (required for contract purposes only), please provide description of operations.
- Outer Continental Shelf: Y N
If Yes: if coverage is more than “if any” (required for contract purposes only), please provide description of operations.
- Maritime Employers Liability Endorsement: Y N
If Yes: if coverage is more than “if any” (required for contract purposes only), please provide description of operations.
- Voluntary Compensation Endorsement: Y N
If Yes: if coverage is more than “if any” (required for contract purposes only), please provide description of operations.
- Is applicant requesting to exclude coverage of Partners, Officers, or Others? Y N
If Yes: Provide specific names and title(s).
- Inclusion of coverage for Sole Proprietors, Partners, of Officers? Y N
If Yes: Provide specific names and title(s).

Oil & Gas Exposures

- Does the insured engage in any drilling or casing, installation/removal operations? Y N
- Does insured engage in any acidizing and/or cementing operations? Y N
If yes, please describe.
- Does the insured climb the derrick tower on a regular basis? Y N
- Will the insured’s operations include use of any explosives? Y N
- Does the insured to any perforating operations? Y N

Does the insured work at any non oil & gas related worksites? Y N
If yes, please explain:

Will the applicant employ anyone to perform any work on or from a watercraft? Y N
If yes, please describe operations, and include whether or not separate coverage is provided.

Will the insured be required to reside offshore on a drill ship or semi submersible for a duration of time other than incidental? Y N

Will the applicant work on or from an offshore platform other than on an incidental basis? If yes, please describe duration of a shift, transportation to the site, and operations to be performed. Y N

Will operations include emergency response to blowout, explosion, and/or fire? Y N

Does insured engage in any tank cleaning operations? If yes, please describe methods and any confined space entry requirements. Y N

WARNING: Federal and State laws require complete and truthful information by an applicant for insurance. That includes providing information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely.

Applicant Signature _____ Date: _____

Broker Signature _____ Date _____

This is a supplemental application used for information purposes only, this is not a guarantee of coverage or quote.