



# New business application

## Section 1 – General information

1. Applicant’s name:
2. Applicant’s address:
3. Applicant’s website:
4. Total years in business:
5. Outline of all operations *(if multiple operations, please breakout by percentage):*

6. Coverage request:

Please check off lines of business requested:

Lines of business:

General Liability

Contractor’s Pollution Liability

Site Pollution Liability

Professional Liability (Retroactive Date: \_\_\_\_\_)

Follow-Form Excess (Maximum capacity is \$5 million)

Worker’s Compensation

Inland Marine

7. Named Insureds:

	Entity	Operations	Ownership (%)
First named insured		<i>List in Section I.5</i>	
Additional named insured			
Additional named insured			
Additional named insured			
Additional named insured			

## Section II – Exposures

1. Annual exposures

<b>Estimated year:</b>	
Annual revenue:	\$
Annual payroll:	\$
Annual sub costs:	\$
Annual employee count:	Total Field/Shop Employees: ____ Total Sales/Clerical Employees: ____
Annual fleet count:	\$
Annual foreign revenue:	\$
Annual foreign payroll:	\$ If so, "Trip/Travel" "Boots on the Ground"

2. Louisiana only exposure (If not applicable, please check ☐):

*\*Only applicable to consultants and field service employees.*

Total # LA Employees:	Total LA payroll: \$	Payroll outside of LA: \$
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3. Wet exposure (If not applicable, please check ☐):
- a. Work/Service is estimated as:
- \_\_\_\_\_ % Land-based. \_\_\_\_\_ % Dockside (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)).
- b. USL&H Payroll: \$\_\_\_\_\_ \* Jones Act Payroll: \$\_\_\_\_\_ \*
- \*If any, a copy of MEL application will be required prior to quoting.*

## Section III – Hiring/safety information

Please check off the hiring/safety practices that are applicable to the applicant:	<b>Hiring practices</b>
	New Employee Training
	Drug/Alcohol Testing
	Reference Check
	Background Check
	Review Prior Work History
	Physical Exam
	New Employee Training
	<b>Safety practice</b>
	Formal Safety Program
Formal Safety Manual	
Formal Training Program	
Safety Incentive Program	
Full-Time Safety Director	
Random/Annually Drug and Alcohol Testing	

## Section IV – Contractual risk transfer

- |                                                                                           |     |    |
|-------------------------------------------------------------------------------------------|-----|----|
| 1. Does the applicant utilize subcontractors?                                             | Yes | No |
| 2. Does the applicant utilize independent contractors (1099s)?                            | Yes | No |
| a. If yes, are 1099s required to carry Workers Compensation coverage?                     |     |    |
| 3. Are certificates of insurance obtained from all subcontractors prior to starting work? | Yes | No |
| 4. Are written agreements utilized with subcontractors? (if yes, please attach)           | Yes | No |
| a. What limits are subcontractors required to carry?                                      |     |    |

General Liability:	\$
Pollution Liability:	\$
Professional Liability:	\$
Workers Compensation:	\$

Auto Liability:	\$
Excess Liability:	\$

- |                                                                                             |     |    |
|---------------------------------------------------------------------------------------------|-----|----|
| 5. Does the applicant sign MSAs with clients? (if yes, please attach)                       | Yes | No |
| a. Mutual Indemnity (knock for knock; indemnity provisions are the same)                    | Yes | No |
| b. Does the agreement contain a hold harmless agreement in favor of the applicant?          | Yes | No |
| c. Does the agreement contain a hold harmless agreement in favor of the applicant's client? | Yes | No |

## Section V – Equipment rental (If not applicable, please check ☐):

1. Describe the type of equipment that is rented to third parties:

2. What percentage of rental is with operator versus without operator:

- a. With operator: \_\_\_\_\_%
- b. Without operator: \_\_\_\_\_%

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|----------------------------------------------------------------------------------------------|-----|----|
| 3. Does the applicant have a rental agreement in place with the lessee?                      | Yes | No |
| <i>If yes, please provide a copy of the applicant's rental agreement (prior to quoting).</i> |     |    |

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|--------------------------------------------------------------------------------------------------|-----|----|
| 4. Does the applicant's rental agreement have hold harmless/indemnification provisions in place? | Yes | No |
|--------------------------------------------------------------------------------------------------|-----|----|

- |                                                              |     |    |
|--------------------------------------------------------------|-----|----|
| 5. Does the applicant require the lessee to carry insurance? | Yes | No |
|--------------------------------------------------------------|-----|----|

- |                                                                                     |     |    |
|-------------------------------------------------------------------------------------|-----|----|
| 6. Does the applicant require operators of heavy* rental equipment to be certified? | Yes | No |
| <i>"Heavy" is defined as cranes, backhoes, bulldozers, etc.</i>                     |     |    |

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|-----------------------------------------------------------------------------------------------------|-----|----|
| 7. Does the applicant have a formal quality control and quality assurance (QA/QC) program in place? | Yes | No |
| <i>If yes, please provide a copy of the applicant's QA/QC procedures (prior to binding).</i>        |     |    |

8. Who provides equipment transport from your facility to client jobsites (check all that apply):

- Applicant via owned truck.
- Applicant via third-party hauler.
- Rental client is responsible for transport.

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|---------------------------------------------------------------------------------------------------------|-----|----|
| 9. Does the applicant rent equipment they are renting from others to other third-parties (sub-leasing): | Yes | No |
| If yes: _____%                                                                                          |     |    |

Section V – Oil and gas contractors (If not applicable, please check ☐):

1. Well Servicing Operations (breakout by percentage):

Service	Performed by applicant	Performed by others
Perforating		
Logging		
Fishing		
Rods/Tubing/Casing Pulling		
Acidizing		
Hot Oiler		
Swabbing		
Cementing		
Fracturing		
Vacuum Truck		
Drilling (oil, gas, or water)		
Wireline/Slickline		
Workover Rig		
Other (please provide any other well servicing operations)		

2. Roustabout Services (breakout by percentage):

Service	Performed by Applicant	Performed by Others
Site Preparation/Dirt Work		
Right of Way/Land Clearing		
Lease Site Beautification		
Equipment Repair		
Lease Road/Site Pad Construction		
Sandblasting/Painting		
Pump Instillation/Serviceing		
Tank Instillation/Repair		
Hauling of Non-Hazardous Materials		
Saltwater or Brine Hauling/Disposal		
Flowline/Waterline (repair/instillation)		
Pit Lining		
Pond Construction		
Electrical Work		
Other (please provide any other roustabout services)		

- a. How are your servicing operations contracted?
  - i. Master Service Agreement?    Yes    No
  - ii. Well Service Contract?    Yes    No
  - iii. Individual Job Order/Purchase Order?    Yes    No

3. Welding operations:

- a. Total percentage of overall operations? \_\_\_\_%
  - i. Percentage of field operations? \_\_\_\_%
  - ii. Percentage of in-shop operations? \_\_\_\_%
  - iii. Percentage of operations involving maintenance/repair? \_\_\_\_%
- b. Please describe the applicant's welding operations?
- c. Is there any hot-tap work?    Yes    No  
     If so, what percentage: \_\_\_\_%
- d. Is there any welding performed over-the-hole?    Yes    No

4. Pipeline operations:
- Is the applicant an owner/operator of a pipeline? Yes No  
 \*\*If yes, please complete the DUAL pipeline application instead. \*\*
  - What type of pipeline operations are performed by the applicant?
    - Repair? \_\_\_\_\_%
    - Construction? \_\_\_\_\_%
    - Inspection? \_\_\_\_\_%
  - What type of pipelines does the applicant work on?
    - Gas: \_\_\_\_\_%
    - Oil: \_\_\_\_\_%
    - Water: \_\_\_\_\_%

## Section VI – Consultants (If not applicable, please check ☐):

1. Consulting services (breakout by percentage):

Service	Performed by Applicant	Performed by Others
Safety/Jobsite Consultant		
Safety Training		
Hydrostatic Testing		
Pipeline Inspection		
Fracturing Consultant		
Drilling Consultant		
Non-Destructive Testing		
Torque Testing		
Blow-Out Preventor (BOP) Testing		
Land Man		
Well Logging		
Project/Construction Management		
Other (please provide any other consultant services performed)		

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|---------------------------------------------------------------------------------------|-----|----|
| 2. Does the applicant have stop-work authority?                                       | Yes | No |
| 3. Does the applicant have the capability to hire/fire non-employees on the job site? | Yes | No |
| 4. Does the applicant act as a, “pumper gauger?”                                      | Yes | No |
| a. Is the applicant contracted by the well owner?                                     | Yes | No |
| b. Is the applicant contracted by the lease operator?                                 | Yes | No |

**Section VII – Manufacturer/Distributor/Fabricator** If not applicable, please check ☐):

1. Indicate percentage of total revenue:		
a. Manufacturer/Fabricator _____%		
b. Distributor _____%		
If a distributor, what percentage of products are foreign manufactured? _____%		
2. Does the applicant install, service, and/or repair products/equipment for the client?	Yes	No
a. If so, what percentage of their total operations: _____%		
3. Are all products sold under the applicant's label?	Yes	No
4. Does the applicant assemble the product?	Yes	No
5. Does the applicant or a third party test the product?	Yes	No
6. Does the applicant have a Quality Control and Quality Assurance (QA/QC) program in place?	Yes	No
<i>If yes, please provide a copy of the applicant's QA/QC procedures (prior to binding).</i>		
7. Does the applicant maintain complete inventory records of shipments/deliveries?	Yes	No
8. Is any of the applicant's work subcontracted to others?	Yes	No

**Section VIII – Utility** If not applicable, please check ☐):

*\*\*Please provide the DUAL utility application prior to binding\*\**

1. Utility Services (**breakout by percentage**):

Service	Performed by applicant	Performed by others
Electric Power Lines		
Drainage		
Sewer		
Fiber Optic Lines		
Gas/Oil/Steam Distribution Lines		
Drinking Water Lines		
Telecommunication Line		
Tree Trimming		
Other (please describe utility services provided)		

2. Underground work (If not applicable, please check <input type="checkbox"/> ):	
a. Percentage of traditional excavation work: _____ %	
b. Percentage of hydro/air excavation work: _____ %	

	c. Percentage of directional drilling/boring: _____ %		
3.	Does the insured perform residential and/or commercial work?    Yes    No		
	a. If yes, what percentage of work is residential: _____ %		
	b. If yes, what percentage of work is commercial: _____ %		
4.	Safety procedures:		
	a. Does the insured have a safety program in place?    Yes    No		
	b. Does the insured have an on-site safety supervisor?    Yes    No		
	c. Does the insured utilize a third-party to mark underground lines before jobs?    Yes    No (if applicable)		

**Section IX – Auto information** If not applicable, please check ☐):

- Please provide an underlying auto quote.
- Please provide five years of currently valued auto loss runs.
- Please provide DUAL auto application prior to binding.

1.	Does the applicant review MVRs for all drivers?	Yes	No
	How frequently?    Pre-hire    Quarterly    Semi-annually    Annually		

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

2.	What are company vehicles being used for?		
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3.	Are insured laborers permitted to use personal vehicles for business use?	Yes	No
	If so, how many insured laborers do so: _____		
	If so, what is the estimated total annual mileage: _____		

If so, does the applicant drivers furnish proof of personal automobile insurance?    Yes    No

Note, "insured laborers" include any individuals doing work on behalf of our insured (employees, subcontractors, 1099s, etc.)

4.	Are insured laborers permitted to use company vehicles for personal use?	Yes	No
	If so, how many insured laborers do so: _____		
	If so, are family members or non-laborers permitted to drive or ride in company vehicles?		
	Yes    No		

*Note, "insured laborers" include any individuals doing work on behalf of our insured (employees, subcontractors, 1099s, etc.)*

5.	Are insured laborers permitted to take company vehicles home?	Yes	No
	If so, how many how many insured laborers do so: _____		

*Note, "insured laborers" include any individuals doing work on behalf of our insured (employees, subcontractors, 1099s, etc.)*

6.	Number of autos rented or leased by the applicant annually: _____		
	Estimated mileage for rented/leased vehicles: _____		

*Note, do not include autos already scheduled on underlying auto policy.*

7. Is the insured doing any third-party hauling?	Yes	No
If so, what percentage of total operations: _____%		
If so, what percentage of third-party hauling is hauling of sale or brine water: _____		
8. What percentage of autos are equipped with telematic devices? _____%		
9. Does the applicant have a formal driver's safety program in place?	Yes	No
10. Does the applicant have a vehicles maintenance program in place?	Yes	No

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.

**Applicant name**

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**Title**

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**Signature of  
applicant**

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**Date**

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