



# Quick renewal application for contractors, consultants and manufacturers

## Section I - General information

- 1. Applicant Name:
- 2. Outline any changes to operations and services provided or to products offered/manufactured:

## Section II – Exposure information

- 1. Exposure change

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:*

2. Louisiana risks only:

Note, only applicable to consultants and field service employees.

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*)
  - a. What limits are subcontractors required to carry?

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

b. 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

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

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2. What are company vehicles being used for?

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3. 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: \_\_\_\_\_

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4. 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?

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5. Are employees permitted to take company vehicles home? Yes  No

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

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6. 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*

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7. What % of vehicles are equipped with telematic devices? \_\_\_\_\_%

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8. 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.

**Applicants name**


**Applicant signature**


**Title**

**Date**

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