

A. APPLICANT

MSHA Contractor ID# : _____

1. Insured Name _____
2. Is Named insured status requested for any other entities? _____ YES _____ NO
(If yes then attach name & operation of each)
3. Do any requested Named insureds have subsidiary, related or affiliated companies which are not stated 1 or 2 above? (If yes then attach name & operation of each) _____ YES _____ NO
4. If you are requesting Additional Insured status for any entities, list each and state your relationship to each:
Name: _____ Reason Additional Insured status is requested: _____

5. Do you have a formal company safety program? _____ YES _____ NO
If yes, then who administers the program? _____
6. Do you hold regular safety meetings? Frequency? _____ YES _____ NO
7. Are you subject to Dept of Transportation regulations? _____ YES _____ NO

B. APPLICANT OPERATIONS

1. List all operations performed: _____

2. List revenue of the three (3) largest jobs performed last year, a brief description of each & for whom:

3. What percentage of your operations are performed at "wet" locations? _____ %
(Wet locations are any in, over or upon any watercourse, body of water, bog, marsh, swamp or wetland)
4. Is all of your equipment that is licensed for road use scheduled on your auto policy? _____ YES _____ NO
5. What do you expect your payroll to be for the coming year? _____

C. SUBCONTRACTORS

1. Do you hire subcontractors? YES NO
If yes, describe subcontracted operations:

2. Please outline all services your company will be providing to the company your are contracting with:

3. What amount do you expect to pay to subcontractors in the coming year? _____

4. What controls do you place on subcontractors?

>Require subcontractors to waive subrogation?

YES NO

>Require subcontractor's insurance to name you as additional insured?

YES NO

>Require certificate of insurance from subcontractor?

YES NO

5. Do you require subcontractors to have a Master Service Agreement (MSA) completed and on-file in your office before they begin work for you? YES NO

a. If Yes, what form of MSA do you use? API IADC Other (attach)

b. If Yes, describe your company MSA guidelines: Do you require MSA's from all subs? Only from Subs who perform specific operations? Based on expenditure threshold? Or other factors?

6. Indicate the insurance coverages and limits you require for subcontractors?

<u>Coverages</u>	<u>Limits Required</u>
<input type="checkbox"/> General Liability	_____
<input type="checkbox"/> Blanket Contractual	_____
<input type="checkbox"/> Products/Completed Ops	_____
<input type="checkbox"/> Underground Resources	_____
<input type="checkbox"/> Pollution	_____
<input type="checkbox"/> Auto Liability	_____
<input type="checkbox"/> Workers' Compensation	_____
<input type="checkbox"/> Umbrella Liability	_____

Declaration and Signature

I have read the above application and I declare that to the best of my knowledge and belief, the statements and information in this application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny or cancel the policy.

Signature for First Named Insured
(May not be signed by producer)

Title

Date