

## ***Energy and Marine Related Consultants Package Program***

### **Section I**

*THIS SECTION TO BE COMPLETED FOR ALL INTERESTS INSURED*

#### **A: General Information**

Company Name and Address:	
Telephone:	Date Company Established:
Email:	Website:
Please describe your services and area(s) of expertise and also indicate any major clients:	
Which of the following best describes your activity: <ol style="list-style-type: none"> <li>1) Office / Laboratory only</li> <li>2) On Site but no drilling / exploration including energy recruitment firms</li> <li>3) On Site with drilling / exploration taking place</li> <li>4) Project management on site</li> </ol>	Yes / No Yes / No Yes / No Yes / No
Number of directors, senior managers, surveyors, consultants or engineers performing intended insured operations:	Total # of Employees:

#### **B: Requested Coverage**

Proposed Effective Date:				
Coverage:	Policy Basis	Retroactive Date	Requested	Limit Required
*General Liability	Occurrence	N/A	Yes	\$1M
*Professional Liability	Claims Made		Yes / No	
Umbrella	-	N/A	Yes / No	
**MEL	-	N/A	Yes / No	

**\* General Liability & Professional Liability = \$1M combined single limit, \$2M aggregate**

**\*\* Supplemental application must be completed for MEL coverage**

**C: Financial Details**

What were your Gross Receipts* for the past 12 months?	What is your forecast Gross Receipts for the next 12 months?
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**\*Gross Receipts = Invoices and billings without deductions, excluding disbursements paid on behalf of the Principal.**

**D: Contractual Details**

Are you required to sign a contract with your Principal?	Yes / No
Do contracts contain an indemnification and/or hold harmless wording?	Yes / No
Is the indemnification and/or hold harmless wording mutual or one sided?	Mutual One Sided
Who does the Indemnification and or hold harmless wording favour?	Insured Principal
Please attach specimen copy of a Standard Trading contract and/or Master Service Agreement you have entered into.	

**E. Subcontractors**

Do you engage Sub-Contractors? <b>(If Yes continue below)</b>	Yes / No
Do you require Subcontractors to sign a written contract?	Yes / No
Do you ensure sub-contractors have current certificates of insurance with minimum coverage at least equal to that carried by you?	Yes / No
Are you named as additional insured on your subcontractors insurance?	Yes / No
Do your contracts with subcontractors contain a waiver of subrogation from Insurers?	Yes / No

**F: Terrorism**

<b>Do you require TRIA for:</b>	
Professional Indemnity	Yes / No
Commercial General Liability	Yes / No

**SECTION II**

**A: Commercial General Liability**

What percentage of work performed involves 'hands on' manual or active/practical operations.	%
Describe any 'hands on' manual or active/practical operations performed:	
Do you use Subcontracted Employees? If so, please give details.	Yes / No
What approximate percentage of your time is spent on site?	%

**B: Professional Liability**

***IMPORTANT - Please attach details outlining the experience and professional qualifications of your principle surveyors/consultants.***

Do you have your own standard trading conditions? <b>(If Yes, please provide a copy)</b>	Yes / No
Do you ensure that contractual terms are always provided to and agreed by a customer before accepting an appointment?	Yes / No
Do you include a disclaimer/limitation of liability clause in all your reports and written advice to customers?	Yes / No
What percentage of your annual income relates to work in the offshore oil and gas industry?	%
Do you undertake direct supervision or control of rig personnel?	Yes / No
Do you issue or carry out any of the following:	
1. Gas free certificates	Yes / No
2. Quality or Quantity certificates	Yes / No
3. Overseeing bunker supply	Yes / No
4. Surveying cargo holds for the loading of petroleum related products	Yes / No
If yes to either 1 or 2 above, please attach a sample certificates	

<p>Are you currently insured for professional negligence exposure?</p> <p>If so, by whom and what is your policy renewal date, current limit, deductible</p>	<p>Yes / No</p>
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**SECTION III**

**Loss History**

<b>LOSS HISTORY FOR PROFESSIONAL INDEMNITY (including fines), COMMERCIAL GENERAL LIABILITY</b>				
Enter ALL claims or occurrences that may give rise to insured or uninsured claims for the past 5 years including any fines or penalties:				
<b>Ground Up Loss History</b>				
Date of Occurrence	Date of Claim	Description to Occurrence of Claim	Amount Reserved	Amount Paid

<b>Has an Insurer ever:</b>	
<ul style="list-style-type: none"> <li>▪ Declined to insure you?</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>▪ Cancelled your insurance?</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>▪ Refused to renew your insurance?</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>▪ Imposed special terms?</li> </ul>	Yes / No

If Yes, please attach full details.

**Umbrella Supplement**

1. Current Umbrella carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_
2. Does the applicant have any owned watercraft? Yes  No   
*If yes, attach a schedule including type of watercraft and length.*
3. Does the applicant have any owned aircraft? Yes  No   
*If yes, attach a schedule including type of aircraft and number of seats.*
4. If the expiring policy contains a retroactive date, what is the date and coverage?
5. Loss Record (last five years, insured and uninsured):  
*Please attach descriptions of all losses*

6. Anticipated underlying information:

COVERAGE	CARRIER	POLICY PERIOD	LIMITS	ANNUAL PREMIUM
General Liability				
MEL				
Auto				
Employers Liability				
Other:				

7. Has the applicant had any losses in excess of \$10,000 for any of the underlying to be scheduled?  
 Yes  No   
*If yes, please attach description of all losses in excess of \$10,000.*
8. If the applicant has Maritime Employers Liability scheduled above, what is the estimated overwater payroll?
9. Total Number of employees exposed over water annually:
10. Maximum number of employees exposed at “any one time”:
11. Vehicles:

Type	Owned/Leased	Hired/Non-owned	Radius		
			0 - 50 miles	50 - 200 miles	over 200 miles
Private Passenger					
Light Truck					
Medium Truck					
Heavy Truck					
Ex. Heavy Truck					
Semi-Truck					
Trailers					

**B. Hired and Non-Owned Auto Supplement**

1. Does the applicant own or lease any commercial autos for use in the specific business covered by this policy? Yes  No
2. Does the applicant have any commercial auto coverage elsewhere? Yes  No   
*If yes, what limit of liability is carried?*
3. Are there any company vehicles not insured under your Auto policy? Yes  No
4. Do any employees use their personal vehicles for business purposes? Yes  No
5. How many employees are there:
6. Does the applicant require any employee who drives his/her own car on company business to provide evidence of personal auto insurance coverage? Yes  No   
*If yes, what limit of liability is required?*
7. Does applicant maintain a Certificate of Insurance file on each employee? Yes  No
8. Does the applicant use non-owned autos other than those owned by your employees? Yes  No   
*If yes, please describe exposure:*
9. Does the applicant provide valet parking of any kind? Yes  No
10. Does the applicant regularly hire, rent or borrow, or are you expecting to hire, rent or borrow in the next 12 months, vehicles for use in the business? Yes  No   
*If yes, please explain:*

**C: Employee Benefit Plans Administration Liability**

1. Total number of employees, including any part-time or seasonal employees, that receive or are eligible to receive, any one of the covered employee benefit plans administered by you:
2. List any employee benefit plans you administer and wish us to consider:
3. Are any of your employee benefit plans shared or pooled with other employers' benefit plans?  
Yes  No
4. Do you administer employee benefits provided by or for a union or similar employee organization?  
Yes  No
5. Do you maintain a unit that is responsible for the administration of all employee benefit plans?  
Yes  No
6. For elective or optional employee benefit plans that employees can enroll in, waive, or select options for, do you utilize the following?
  - a. Written verification or confirmation forms that summarize the employee's latest elections and current elective benefits status?  
Yes  No
  - b. Written election forms requiring the employee's signature and date?  
Yes  No

If neither are utilized, please describe how employee elections are recorded, confirmed, and verified:

7. Do you ask your employees to review and verify their elections at least annually?  
Yes  No
8. Do you permanently retain copies of all plan documents and your employee's benefit plan records?  
Yes  No
9. Has any claim ever been made against you alleging any negligent act, error or omission resulting from the administration of your employee benefit plans?  
Yes  No   
*If yes, please provide complete details for each such negligent act, error, or omission on a separate sheet.*
10. Do you have any knowledge of any negligent act, error, or omission resulting from the administration of your employee benefit plans which might lead to a later claim?  
Yes  No

*If yes, please provide complete details for each such negligent act, error, or omission on a separate sheet.*

Producer Remarks:

We declare that the information and answers given in this form are true to the best of our knowledge and belief and we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

It is further noted and agreed that as the applicant I/We are under a continuing obligation to immediately notify underwriters via my/our broker of any material alteration to the nature, extent or size of my/our operations described herein. I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief. It is my/our understanding that underwriters shall rely upon the information and representations listed above in determining the terms, rates and conditions of coverage.

It is understood that any misrepresentation or omission shall constitute ground for immediate cancellation of coverage and denial of claims, if any.

It is further understood that this application shall be attached to and form part of the policy should one be issued.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_