

**ENERGY MARINE SUPPLEMENTAL APPLICATION**  
**COMPLETE IN ADDITION TO ACORD APPLICATIONS.**  
**ATTACH ADDITIONAL SHEETS AS NECESSARY.**  
**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

**GENERAL INFORMATION**

1)

Named Insured:	
Brokerage/Broker:	Broker Email:
Agency/Agent:	Agent Email:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:
Effective Date:	Website:

2) Current/Most Recent Commercial General Liability Carrier Information:

Carrier:		
Limit of Insurance:		
Deductible:	Premium:	
Policy Term Dates:		
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) A copy of all marketing materials, brochures, etc. and a description of operations if a website is not available

3) Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4) Premise Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)?

a. If you are new in business, please describe your prior experience:

6) Who is your audit/inspection contact? \_\_\_\_\_  
 a. What is their phone number? \_\_\_\_\_  
 b. What is their email address? \_\_\_\_\_

7) If any subsidiary, product, or service is to be specifically excluded from coverage, please indicate:  
 \_\_\_\_\_  
 a. Are these entities, products, or services insured or bonded elsewhere? Yes  No

8) Are you owned by, associated with, or controlled by another entity? Yes  No   
 a. If yes, which? \_\_\_\_\_

- 9) Are you required to provide any marine-specific coverages (i.e. In Rem, GOM, etc.)? Yes  No   
 a. If yes, please list: \_\_\_\_\_

**OPERATIONAL INFORMATION**

- 10) Please indicate your operations:  
 General Contractor \_\_\_\_\_%     Consultant \_\_\_\_\_%     Construction Manager \_\_\_\_\_%  
 Subcontractor \_\_\_\_\_%     Developer \_\_\_\_\_%

11) In what states do you operate? \_\_\_\_\_

- 12) Are you licensed in all states in which you operate? Yes  No   
 License Number(s): \_\_\_\_\_

13) Please complete the following table for your five largest projects:

Client	Description of Work	Dollar Value

14) Please complete the following table for your five most recent projects:

Client	Description of Work	Dollar Value

15) Please complete the following chart for your typical operations. Check all that apply:

Operation:	Percentage of Total Operations:	Percentage of Work Done by Your Employees:	Percentage of Work Done by Subcontractors:	Revenue from Operation:
<input type="checkbox"/> Blasting				
<input type="checkbox"/> Boat/Ship Building				
<input type="checkbox"/> Boat/Ship Engineering/Design				
<input type="checkbox"/> Boat/Ship Broker or Dealer				
<input type="checkbox"/> Boat Mechanic				
<input type="checkbox"/> Canal/Lock Operator				
<input type="checkbox"/> Cargo Broker				
<input type="checkbox"/> Cleaning				
<input type="checkbox"/> Demolition				
<input type="checkbox"/> Diving				
<input type="checkbox"/> Dredging				
<input type="checkbox"/> Drilling				
<input type="checkbox"/> Electrical				
<input type="checkbox"/> Equipment Rental				
<input type="checkbox"/> Excavating				
<input type="checkbox"/> Hydrostatic Testing				
<input type="checkbox"/> Inspection				
<input type="checkbox"/> Maintenance				
<input type="checkbox"/> Marina/Dock Construction				
<input type="checkbox"/> Marina Owner/Operator				
<input type="checkbox"/> Marine Consulting				
<input type="checkbox"/> Marine Engineer				
<input type="checkbox"/> Marine Equipment Mfg.				
<input type="checkbox"/> Marine Equipment Dealer				
<input type="checkbox"/> Offshore Rig Construction/Placement				
<input type="checkbox"/> Other Engineering/Design				
<input type="checkbox"/> Painting/Sandblasting				
<input type="checkbox"/> Pier/Bulkhead Construction				
<input type="checkbox"/> Pipeline Construction				
<input type="checkbox"/> Rigging				
<input type="checkbox"/> Shipyard Operator				
<input type="checkbox"/> Steel (Structural)				
<input type="checkbox"/> Site Preparation				
<input type="checkbox"/> Supervisory Only				
<input type="checkbox"/> Tunneling				
<input type="checkbox"/> Trucking				
<input type="checkbox"/> Tugboat Operations				
<input type="checkbox"/> Welding				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other: _____				
<b>TOTAL</b>	100%			

- 16) Do you have any work outside of the energy sector or marine industry? Yes  No
- a. If yes, please clarify:

17) What percentage of your operations are offshore? \_\_\_\_\_

18) Describe equipment used in your operations:

- Cranes \_\_\_\_\_ ft.       Cherry Pickers \_\_\_\_\_ ft.       Lifts \_\_\_\_\_ ft.  
 Scaffolding \_\_\_\_\_ ft.       Trenching Equipment \_\_\_\_\_ ft.       Other \_\_\_\_\_ ft.

a. If Other is checked, please describe: \_\_\_\_\_

19) Do you rent machinery or equipment to others? Yes  No

- a. If yes, what percentage is rented with operators \_\_\_\_\_% and without operators \_\_\_\_\_%?  
b. Please attach a copy of your sample rental agreement and list of equipment rented.  
c. Do you erect scaffolding for third party use? Yes  No

20) If you are hiring subcontractors, please clarify the following:

- a. Do you usually hire the same subcontractors? Yes  No   
b. Are subcontractors always insured? Yes  No   
+ If yes, what General Liability limits do you require subs to carry? \_\_\_\_\_  
+ Do you confirm if these subs carry Workers Compensation insurance? Yes  No   
c. Do you obtain certificates of insurance from all subcontractors? Yes  No   
d. Are you named as an Additional Insured on all subcontractors' policies? Yes  No   
e. Do you have a written contract with your subcontractors? Yes  No   
f. Do all contracts contain a Hold Harmless clause in your favor? Yes  No   
g. Do you use any leased employees? Yes  No   
+ If yes, are you responsible for providing Worker's Comp for these employees? Yes  No   
h. Do you carry Worker's Compensation insurance? Yes  No

## WORKSITE SAFETY

21) Do you have a formal safety program? Yes  No

22) Are sites fenced? Yes  No

- a. If no, are sites clearly marked by cones, signage, or rope/tape warning the public against intrusion? Yes  No

23) Are sites lighted? Yes  No

24) Do you provide any watchmen/security services? Yes  No

25) Are all trenches, ditches, excavations, holes, et cetera made in the ground or in structure flooring properly and clearly identified and protected against to mitigate falling injury? Yes  No

26) Prior to any excavation or digging are you ensuring that all underground structures (utility lines, cables, sewers, etc.) are marked? Yes  No

**PRODUCTS INFORMATION** *(complete only if you are manufacturing or distributing products)*

27) If you are operating a machine shop (producing products based on client specifications), please complete and attach the Kinsale Machine Shop Supplemental Application.

28) Are any new products to be introduced during the next year? Yes  No   
a. If yes, please provide details:

29) Do you have any discontinued products? Yes  No   
a. If yes, please explain the reasons for discontinuing.

30) Do you manufacture or directly import any products? Yes  No   
a. If no, do you collect Certificates of Insurance verifying that the manufacturers of products you distribute are granting you AI Vendor status on their Product Liability policy? Yes  No   
b. If you are importing, do the manufacturers have a US-based Products Liability policy? Yes  No   
c. What country(ies) are you importing from? \_\_\_\_\_

31) Are batch or product records, serial numbers or copies of guarantee/warranty cards maintained that would facilitate tracing whereabouts of products? Yes  No   
a. If yes, confirm how long these records are maintained: \_\_\_\_\_

32) In the event that it becomes necessary to recall a product, do you have a recall plan in place? Yes  No   
a. Do you have Product Recall insurance? Yes  No   
b. What means would be used to secure the return and disposal of the product?

33) Have you ever had a product recall event? Yes  No   
a. If yes, supply the following details: Date of recall(s): \_\_\_\_\_  
b. Voluntary?  Ordered?  By what agency? \_\_\_\_\_  
c. Product(s) involved:

d. Reason for recall and how discovered: \_\_\_\_\_  
e. What was the remedy for the problem? \_\_\_\_\_  
f. What percentage of recalled goods were returned/repaired? \_\_\_\_\_

34) Are there any present situations that might give rise to an incident causing a product recall? Yes  No   
a. If yes, please provide details:

## COVERAGE AND LOSS HISTORY

35) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes  No

36) Has any lawsuit ever been filed, or any claim otherwise been made against you or any other person proposed for this insurance, including any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability **If yes, please attach a description of details.** Yes  No

37) Is your company aware of any occurrences, facts, circumstances, incidents, situations, act, error, omission or records request from an attorney which may result in a claim or suit? **If yes, please attach a description of details.** Yes  No

38) If your Commercial General Liability insurance coverage history extends beyond the last 12 months, please complete the below table for your four prior carriers:

Insurer	Dates covered	Limits of Liability	Deductible	Premium	Retroactive date

### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_