

ENERGY MISCELLANEOUS PROFESSIONAL LIABILITY 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 Professional 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:

3) 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) *Copy of your current Professional Liability insurance Declarations Page and Commercial General Liability insurance Declarations Page (claims made policies must reflect the retroactive date and limits for retro continuity)*
- c) *A copy of all marketing materials, brochures, etc. if a website is not available*

4) Mailing Address: _____

City: _____ State: _____ Zip Code: _____

5) Premise Address: _____

City: _____ State: _____ Zip Code: _____

6) Are you a(n): Corporation Individual Partnership Municipality Professional Association
 Joint Venture LLC Other: _____

7) 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)?

8) Your enterprise is: For Profit Not for Profit Other: _____

9) Who is your audit/inspection contact? _____
 a. What is their phone number? _____
 b. What is their email address? _____

10) If any subsidiary or operations are to be specifically excluded from coverage, please indicate:

 a. Are these entities or services covered elsewhere? Yes No

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

OPERATIONAL INFORMATION

12) Please complete the following table for your scope of business:

	Last 12 months	Next 12 months
Gross Revenue - Commercial/Industrial Clients		
Gross Revenue - Utility Clients		
Gross Revenue - Environmental/Climate Clients		
Gross Revenue - Government Clients		
Gross Revenue - Other: _____		
TOTAL GROSS REVENUE		
TOTAL PAYROLL		

13) Please complete the following table for your five (5) largest products undertaken during the last 12 months or planned for the coming year:

Client	Description of Services/Work	Gross Receipts	Length of Contract

14) Does any single client account for over 25% of your gross revenue? Yes No

a. If yes, what client? _____

b. What work are you performing for this client?

c. If this is a temporary contract or single job, what is the projected end date and total dollar value of the work being performed? _____

d. If this is an ongoing contract, what is the typical annual dollar value of work? _____

15) Do you belong to any of the following Energy sector trade associations? Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> United States Energy Association | <input type="checkbox"/> American Coal Council |
| <input type="checkbox"/> American Council of Engineering Companies | <input type="checkbox"/> American Gas Association |
| <input type="checkbox"/> American Petroleum Institute | <input type="checkbox"/> National Mining Association |
| <input type="checkbox"/> Nuclear Energy Institute | <input type="checkbox"/> Geothermal Resources Council |
| <input type="checkbox"/> Natural Gas Supply Association | <input type="checkbox"/> Association of Oil Pipelines |
| <input type="checkbox"/> Interstate National Gas Association of America | <input type="checkbox"/> American Fuel & Petrochemical Manufacturers |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

16) Do you belong to any other industry groups or trade organizations? Yes No

a. If yes, please list:

17) Are any of your operations performed under contract with the Tennessee Valley Authority? Yes No

18) Do you subcontract any of your professional services to other professionals? Yes No

- | | |
|---|--|
| a. If yes, do you require a written contract with appropriate risk transfer in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Do you require subcontractors to carry and maintain insurance coverage that is equal to or broader in limits and terms than your coverage? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Do you require subcontractors to name you as an additional insured on their policies? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

STAFF INFORMATION

19) Please complete the following for your staff:

	Employees		Independent Contractors	
	Full-Time	Part-Time	Full-Time	Part-Time
Officers/Partners				
Professional Staff				
Other Staff				
Apprentices, Students & Interns				
Other: _____				
TOTAL:				

20) Please complete the following for your key professional staff:

Name	Professional Licenses Held	Years Licensed	Years Employed

21) Which of the following procedures do you use for hiring/screening personnel who provide professional services in your operations? Check all that apply:

- Check of educational background
- Check of previous employers - In writing
- Criminal background check - State
- Driver's license verification
- Verification of license validity, suspensions, revocations, citations, or pending disciplinary actions
- Verification of any pending disciplinary actions by current or previous employers
- Verification of Professional Liability or other workplace related claims history against the applicant
- Other: _____
- Reference verification
- Check of previous employers - By telephone
- Criminal background check - Federal
- MVR Check

COVERAGE AND LOSS HISTORY

22) Has any licensing authority taken any action against you or any of your employees? Yes No
If yes, please attach an explanation and copies of all citations.

23) Have you or any of your employees ever had any professional license denied, limited, suspended, revoked, or investigated by any licensing board or regulatory agency? **If yes, please attach an explanation.** Yes No

24) Have you or any of your employees ever been charged with or convicted of a crime other than minor traffic violation(s)? **If yes, please attach an explanation.** Yes No

25) 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

26) Has any lawsuit ever been filed, or any claim otherwise been made against you or 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

27) 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

28) If your Professional 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

29) 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: _____