

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Energy Consultants Application
		ENERGY Division Email to EG@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage. 3. Please read the statements at the end of this application carefully. Thank you! 		

ENERGY CONSULTANTS SUPPLEMENTAL APPLICATION
 ATTACH COPIES OF RESUMES FOR ALL CONSULTANTS

Applicant Information:

1. Name of applicant:
2. Do you buy and maintain Professional Liability coverage?

If yes, what are the limits of insurance are purchased?

Insurance carrier?
Expiration of Professional Liability Policy.
3. List all Professional Liability incidents that have lead or might have lead to a loss in the last 5 years.
4. Describe your pre-employment hiring practices.
5. Are all consultants degreed engineers?
6. How many of your employees are consultants?
7. How many non-consultants are on staff?
8. Please provide a payroll split for:
 - a. Officers
 - b. Engineers/Consultants
 - c. Non Engineer/Consultants
 - d. Oilfield Labor
 - e. Plant/Facility Labor
9. What are the non-consultant's job responsibilities?
10. What percentage of your consultants duties are done in the field?
11. Describe your consultant's job responsibilities in the field.
12. Do any of your contracts, jobs or projects require you to provide oilfield or plant facility labor?
(If yes, complete the Oilfield Contractors or Facility Contractors supplemental applications.)

13. What kind of lifting is done during the day?
14. How often is this lifting done?

Clients:

1. List all active clients, a description of the job or project and your responsibilities for that client. (Copies of all contracts with these clients are to be attached to this application. "Consulting" shown for descriptions and responsibilities will result in a declination.)
2. Do you ever sign contracts where you assume the sole negligence of your client?
3. What percentage of your work is "Wet" or "Offshore"?
4. Explain any work or projects that are "Wet" or "Offshore".
5. Who is responsible for transportation to "Wet" or "Offshore" worksites?
6. What is the normal mode of transportation to a "Wet" or "Offshore" worksite?
7. Do you supervise, or exercise any influence or control over your client's employees?
8. Do you manage or exercise any influence or control over projects, worksites or work in the field?
9. Do you make or offer suggestions or recommendations to your clients?
10. Explain your recordkeeping practices.

Subcontractors:

1. Are you responsible for hiring and firing subcontractors?
2. Do you supervise, or exercise any influence or control over subcontractors? (If yes, explain.)
3. What are your criteria for selecting sub contractors?
4. Describe the type of work the subcontractors would be hired to perform.
5. Do you require subcontractors to maintain insurance equal to the insurance you maintain? (If no, explain.)
6. Are you an Additional Insured on your subcontractor's policies?
7. Do you obtain a Waiver of Subrogation from your subcontractor's insurance carrier?
8. How are 6 & 7 verified?
9. Are there any sub contractors hired without a written contract? (If yes, explain.)

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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 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 five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: