



**James River Insurance
Company
and its Subsidiaries**

6641 West Broad Street, Suite 300
Richmond, VA 23230

**Energy Excess Casualty
Coverage Application**

ENERGY Division
Email to EG@jamesriverins.com or,
Fax to 804-420-1054

APPLICANT'S INSTRUCTIONS:

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 EXCESS CASUALTY COVERAGE APPLICATION

General Information:

Named Insured(s):

Description of Operations by Named Insured(s):

Website: (If none so state.)

Primary Program Details: (Incl. coverage/endorsements by line deductibles, pricing, limits, carriers. **WC RATING BY STATE NEEDS TO BE ATTACHED**)

Expiring Excess Program Details:

Details on Safety Program(s) Including MVR Standards:

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Estimated Exposure Basis:

Payroll:	Gross Receipts:	Other:
Auto: (By State, Type and Radius)		

Historical Data: (List from latest year to oldest)

GL/WC:		
Year	Payroll	Gross Receipts
1.		
2.		
3.		
4.		
5.		
6.		

Auto:

	Year	PP	Lt.	Med.	Hvy.	XHvy.	M-I-T	TT.
1.								
2.								
3.								
4.								
5.								
6.								

Loss Information:					
Workers Compensation: (Latest Year to Oldest)					
	Year	Total Incurred	# Claims	Valued?	Carrier
1.					
2.					
3.					
4.					
5.					
6.					

General Liability: (Latest Year to Oldest)					
	Year	Total Incurred	# Claims	Valued?	Carrier
1.					
2.					
3.					
4.					
5.					
6.					

Automobile: (Latest Year to Oldest)					
	Year	Total Incurred	# Claims	Valued?	Carrier
1.					
2.					
3.					
4.					
5.					
6.					

Details on Losses Over \$100,000: (Incl. amount, date of loss, status, details of what happened)

Coverage Limitations: Attach copies of all policies and endorsements when excess over another carrier is being requested.

Other Comments:

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: