



**James River Insurance
Company
and its Subsidiaries**

6641 West Broad Street, Suite 300
Richmond, VA 23230

Energy General 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 CASUALTY – GENERAL APPLICATION

Date Completed:	
Effective Date:	
Quote by:	

Agency/Brokerage/Individual:	
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Location:	
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Name of Applicant:	
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Website:	
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Corp: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Individual: <input type="checkbox"/>	Joint Venture: <input type="checkbox"/>
Other:			

Years in business and experience of principals:

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Detailed description of operation(s):

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Primary Location: (Include County)	
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Additional Locations:	
Add another location:	

Another Named Insured and description of operation:	
Add another Named Insured and description of operation.	

Are there any operations that are outside the energy industry?

Has any part of the applicant's organization ever operated under a different name?
 Yes No (Explain yes response.)

Note any operations or entities not shown and explained will not be covered by any insurance that might be provided.

Financial Information:				
	Gross Receipts:			
	Payrolls:	Domestic	Foreign	# of Employees:
a. Next 12 months:				
By Class Code:				
1 st Code:				
Add class code:				
b. Expiring policy period:				
c. Prior 12 months:				
d. Prior 12 months:				
e. Prior 12 months:				
f. Prior 12 months:				

Past Insurance History: Policy Type: Claims Made <input type="checkbox"/> Retro Date _____ Occurrence <input type="checkbox"/>					
Year	1	2	3	4	5
Carrier					
Per Occ. Limit:					
General Agg. Limit:					
Prod/Comp Ops Aggregate					
Pers. Inj & Adv.:					
Fire Damage:					
Employee Benefits:					
Deductible/SIR:					
Premium:					

List any specific coverages or endorsements that are on the expiring policy including those sub-limited:

1.

Add another:

Has any carrier cancelled or refused to renew in the last 5 years? Yes No
(Explain yes answers.)

Loss Summary (5 years)								
Period	# Claims	Paid		Open Reserve		Expense		Total Incurred
		BI	PD	BI	PD	BI	PD	

Provide details on any individual losses over \$25,000.

Please provide loss runs supporting the above Loss Summary.

The Workers Compensation Experience Modifier is: _____.

Supplemental Applications:

- Consultants
- Lease Operators
- Pipeline Contractor
- Pipeline Operations
- Oilfield Contractor
- Products Liability
- Employee Benefits
- Hired
- Non Owned
- Railroad Protective Liability
- Owners & Contractors Protective

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: