

A. APPLICANT

MSHA Contractor ID# : _____

1. Insured Name _____
2. Is Named insured status requested for any other entities? _____ YES _____ NO
(If yes then attach name & operation of each)
3. Do any requested Named insureds have subsidiary, related or affiliated companies which are not stated 1 or 2 above? (If yes then attach name & operation of each) _____ YES _____ NO
4. If you are requesting Additional Insured status for any entities, list each and state your relationship to each:

Name:	Reason Additional Insured status is requested:
_____	_____
_____	_____
_____	_____
_____	_____
5. Do you have a formal company safety program? _____ YES _____ NO
If yes, then who administers the program? _____
6. Do you hold regular safety meetings? Frequency? _____ YES _____ NO
7. Are you subject to Dept of Transportation regulations? _____ YES _____ NO

B. APPLICANT OPERATIONS

1. List all operations performed: _____

2. List revenue of the three (3) largest jobs performed last year, a brief description of each & for whom:

3. What percentage of your operations are performed at "wet" locations? _____%
(Wet locations are any in, over or upon any watercourse, body of water, bog, marsh, swamp or wetland)
4. Is all of your equipment that is licensed for road use scheduled on your auto policy? _____ YES _____ NO
5. What do expect your payroll to be for the coming year? _____

C. SUBCONTRACTORS

1. Do you hire subcontractors? ___ YES ___ NO
 If yes, describe subcontracted operations:

2. Please outline all services your company will be providing to the company your are contracting with:

3. What amount do you expect to pay to subcontractors in the coming year? _____

4. What controls do you place on subcontractors?

- >Require subcontractors to waive subrogation? ___ YES ___ NO
- >Require subcontractor's insurance to name you as additional insured? ___ YES ___ NO
- >Require certificate of insurance from subcontractor? ___ YES ___ NO

5. Do you require subcontractors to have a Master Service Agreement (MSA) completed and on-file in your office before they begin work for you? ___ YES ___ NO

- a. If Yes, what form of MSA do you use? ___ API ___ IADC ___ Other (attach)
- b. If Yes, describe your company MSA guidelines: Do you require MSA's from all subs? Only from Subs who perform specific operations? Based on expenditure threshold? Or other factors?

6. Indicate the insurance coverages and limits you require for subcontractors?

<u>Coverages</u>	<u>Limits Required</u>
___ General Liability	_____
___ Blanket Contractual	_____
___ Products/Completed Ops	_____
___ Underground Resources	_____
___ Pollution	_____
___ Auto Liability	_____
___ Workers' Compensation	_____
___ Umbrella Liability	_____

Declaration and Signature

I have read the above application and I declare that to the best of my knowledge and belief, the statements and information in this application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny or cancel the policy.

Signature for First Named Insured (May not be signed by producer)	Title	Date