

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Application for Energy Employee Benefits
		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 CASUALTY – EMPLOYEE BENEFITS APPLICATION

General Information:

Name of applicant: _____

Limits of liability requested:

_____ Each Employee
 _____ Aggregate

Deductible & Retro Date

_____ Deductible (Each Employee)
 _____ Present Retroactive Date

Number of employees administered in the U.S.:

List plans to be covered and indicate if the plan is insured or self insured:

Administration Risk Management:

1. Do you have a dedicated, full time, Human Resource/Personnel staff?
 YES NO
2. Is the administration centralized?
3. Are any of the employee benefit plans pooled or shared with other employers?
4. Is any part of your employee benefits plan administered by a third party? (i.e. employee leasing company)
5. Do you utilize:
 - a. Written verification forms that summarize the employee's elections?
 YES NO

b. Written election forms requiring the employees signature and date?

YES NO

If answered NO to either of the above how are employee elections recorded, confirmed and verified?

6. Do you require your employees to review and verify their elections to accept or reject benefits at least annually?

YES NO

If yes, where are the acceptance or waiver documents retained?

7. Do you permanently retain copies of all plan documents and your employee's benefit plan records?

YES NO

If yes what method of retention is used?

8. Do you conduct and document exit interviews of all departing employees?

YES NO

If yes, where is the documentation retained?

9. What documentation is provided to all departing employees?

Prior Claims or Incidents:

1. Has any claim ever been made against you alleging any negligent act, error or omission resulting from the administration of your employee benefit plans?

YES NO

2. Do you have any knowledge of any negligent act, error, or omission resulting from the administration of your employee benefit plans which might lead to a later claim?

YES NO

If you have responded with a yes to either, 1. or 2. above please give details for each such negligent act, error, or omission.

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: