



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

ENERGY STAFFING SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:		
Brokerage/Broker:		Broker Email:
Agency/Agent:		Agent Email:
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Policy Number:		
Effective Date:		
Website:		

2)

Current Carrier Information:

Carrier:		
Limit of Insurance:		
Deductible:		
Premium:		
Offering renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Claims made?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:

Please attach copies of the following:

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *A brochure, description of operations, or marketing materials if a website is not available*

3)

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

4)

Your premise address (if different from above): _____
 City: _____ State: _____ Zip Code: _____

5)

How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? _____

 a. If you are new in business, please describe your prior experience: _____

- 6) Who is your audit/inspection contact? _____
 a. What is their phone number? _____
 b. What is their email address? _____

OPERATIONS

- 7) In what states do you operate? _____
- 8) Are you licensed in all states in which you operate? Yes No
 License Number(s): _____

9) Please complete the following chart for your exposures:

	Estimated Upcoming Year	Current Year	Prior Year
Gross Annual Receipts			
Employee Payroll			
Cost of Subcontracted Work			
Number of Employees			

10) Please complete the following chart for positions you provide staffing for. Check all that apply:

Operation:	Percentage of Total Operations:	Operation:	Percentage of Total Operations:
<input type="checkbox"/> Administrative/Clerical		<input type="checkbox"/> Aircraft/Rotorcraft Pilots	
<input type="checkbox"/> Architects/Engineers		<input type="checkbox"/> Computer/IT Services	
<input type="checkbox"/> Construction Contractors		<input type="checkbox"/> Consultants	
<input type="checkbox"/> Crane Operators		<input type="checkbox"/> Demolition Services	
<input type="checkbox"/> Drilling Contractors		<input type="checkbox"/> Electrical Contractors	
<input type="checkbox"/> Equipment Operator (<4,000 lbs)		<input type="checkbox"/> Equipment Operator (>4,000 lbs)	
<input type="checkbox"/> Executive		<input type="checkbox"/> Financial/Accounting Services	
<input type="checkbox"/> Industrial Contractors		<input type="checkbox"/> Installation/Start-Up	
<input type="checkbox"/> Janitorial Services		<input type="checkbox"/> Miners	
<input type="checkbox"/> Pipeline Operators		<input type="checkbox"/> Rig Erection/Dismantling	
<input type="checkbox"/> Security Services		<input type="checkbox"/> Servicing/Repair/Maintenance	
<input type="checkbox"/> Site Prep/Roustabout		<input type="checkbox"/> Truckers - Hauling	
<input type="checkbox"/> Truckers - Vacuum		<input type="checkbox"/> UAS/Drone Operators	
<input type="checkbox"/> Watercraft Operators/Longshoremen		<input type="checkbox"/> Welding	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
TOTAL		100%	

- 11) Do you provide staffing services to other companies you own or operate? Yes No
 a. If yes, which company(ies)? _____

- 12) Which of the following procedures do you use for hiring/screening personnel you staff out? Check all that apply:
- | | |
|---|---|
| <input type="checkbox"/> Drug screening | <input type="checkbox"/> Reference verification |
| <input type="checkbox"/> Check of previous employers – In writing | <input type="checkbox"/> Check of previous employers – By telephone |
| <input type="checkbox"/> Criminal background check – State | <input type="checkbox"/> Criminal background check – Federal |
| <input type="checkbox"/> Verification of any pending disciplinary actions by current or previous employers or license suspensions | |
| <input type="checkbox"/> Other: _____ | |
- 13) Do you provide any staffing outside of the energy sector? Yes No
- 14) What percentage of your staffing is for offshore operations? _____
- 15) Are clients required to sign a hold harmless agreement in your favor before you place staff? Yes No
- 16) Do you provide Workers Compensation coverage for the staffed personnel? Yes No
- a. If no, are clients informed that they are responsible for covering the temporary employees' Workers Compensation coverage? Yes No

COVERAGE AND LOSS HISTORY

- 17) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes No
- 18) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? *For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration. If Yes, please attach an explanation including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed.* Yes No
- 19) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages accidents, (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction work injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? **If Yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____