



MSHA Contractor ID# \_\_\_\_\_

**A. APPLICANT**

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. Years in Business \_\_\_\_\_
6. Do you have a formal company safety program? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, then who administers the program? \_\_\_\_\_
7. Do you hold regular safety meetings? Frequency? \_\_\_\_\_ YES \_\_\_\_\_ NO
8. 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. What amount do you expect to pay to subcontractors in the coming year? \_\_\_\_\_

3. 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

4. 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. 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
Submitted by (Producer)		

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS, LOUISIANA AND 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 fines and confinement in prison.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from 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 insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the 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 MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a 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 YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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 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 the 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 subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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.