

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Company name: _____

Primary Address (Address, State, ZIP, Country): _____

Website Address: _____

1.2 Date the business was established (MM/DD/YYYY): _____

1.3 Number of employees: _____ Number of 1099 subcontractors (please provide a contract example): _____

1.4 a) How many principals / directors / officers / partners are there in the company? _____

b) Please show the details of all principals / partners / directors:

Name	Years in position	Years experience	Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1.5 Date of financial year end (MM/DD/YYYY): _____

1.6 Please state your gross revenue in respect of the following years:

	Last complete FY	Estimate for current FY	Estimate for next FY
Domestic revenue:	\$ _____	\$ _____	\$ _____
Other territory revenue:	\$ _____	\$ _____	\$ _____
Total revenue:	\$ _____	\$ _____	\$ _____
Profit/ (Loss)	\$ _____	\$ _____	\$ _____

1.7 What percentage of your work is offshore? _____ %

1.8 Please state whether any work is done in refineries or petrochemical plants: Yes No

1.9 Please provide details for the primary contact for this insurance policy:

Contact Name: _____ Position: _____

Email address: _____ Telephone number: _____

Section 2: Activities

2.1 Please describe below the products and services supplied by your business:
If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total revenue by activity:
The total of all activities listed here should equal 100%.

	%
	%
	%
	%
	%

2.3 Do you belong to any association related to these activities? Yes No

If 'yes', please list these associations below:

2.4 Do you perform any manual work or operate any equipment? Yes No

If 'yes', please provide details below:

2.5 If you perform manual work does it constitute less than 20% of your working time? Yes No

2.6 Do you sell, lease or distribute any tangible product or equipment to third parties? Yes No

2.7 Do you oversee, instruct, direct, supervise or have any involvement in any work or operations that occur or may occur on site? Yes No

2.8 Please state whether you are responsible for:

a) hiring or firing personnel: Yes No

b) controlling or directing others: Yes No

c) advising others: Yes No

d) health and safety: Yes No

2.9 Please state whether you are able to amend or restrict operations on site: Yes No

Section 3: Contract Information

3.1 Do you sign a Master Service Agreement with your client? Yes No

If "yes", please state whether mutual indemnification and/or hold harmless clauses are included: Yes No

If "yes", does the mutual indemnification apply to both general liability and professional liability? Yes No

Are contracts with mutual hold harmless agreements used? Yes No

3.2 a) Do you employ subcontractors? Yes No

If "yes", what services do they perform?

b) Do you ensure that contractors have their own errors and omissions and general liability insurance: Yes No

If you answered "yes" to b) above, what is the limit of liability that subcontractor must purchase? \$

Section 4: Property Cover

If you require property cover, please request a property application to complete.

Section 5: Insurance History

5.1 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date	Effective date	Limit	Deductible	Premium	Insurer
Current:						
Required:					N/A	N/A

5.2 Please provide details of your current General Liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Deductible	Premium	Insurer
Current:					
Required:				N/A	N/A

Section 6: Claims Experience

6.1 Please state whether you are aware of any incident:

a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: Yes No

b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: Yes No

c) cease and desist orders been made against you: Yes No

d) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body: Yes No

If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.



Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact name:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Date (MM/DD/YYYY):	<input type="text"/>

Additional Information