U.S. Risk, LLC

Applicant/Business Name: _____

Mailing Address: _____

_____

Website: _____

Requested effective date: _____ Requested expiration date: _____

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1. Years in business: _____ Years of experience: _____

Describe relevant work history:

2. Narrative description of operations:

3. Annual receipts

Projected this year: $ _____
Last year: $ _____
Previous year: $ _____

4. Annual payroll for 1099 and W-2 employees

Projected this year: $ _____
Last year: $ _____
Previous year: $ _____

5. Number of employees: _____   Number of 1099 subcontractors: _____ *(provide a contract sample)*

6. Describe your employees and/or your 1099 subcontractors qualifications/certifications:

7. Are 1099 subcontractors required to carry their own insurance? ☐ Yes ☐ No

8. Do you sign a Master Service Agreement? ☐ Yes ☐ No

If yes, does it include mutual indemnification and/or hold harmless wording? ☐ Yes ☐ No
If yes, does the mutual indemnification apply to both CGL and PL? ☐ Yes ☐ No
Are contracts with mutual hold harmless agreements used? ☐ Yes ☐ No

9. Do you have contracts in place with your 1099 subcontractors? ☐ Yes ☐ No

If yes, please answer the following:
• Certificates required are on file? ☐ Yes ☐ No
• Are you named as an additional insured? ☐ Yes ☐ No
• Are waivers of subrogation required? ☐ Yes ☐ No
• Do the subcontractors have equal insurance? ☐ Yes ☐ No
• Are contracts with mutual hold harmless agreements used? ☐ Yes *(provide a contract sample)* ☐ No

10. Percentage of time: On-Site: _____ %   Office: _____ %   Hands-On Work: _____ %

11. Pumper/Gauger Services

Do you perform any work on pressure above 2,500 PSI? ☐ Yes ☐ No
Do you perform any service and/or repair of equipment on lease sites? ☐ Yes ☐ No
Are all services post-Completion activities? ☐ Yes ☐ No

12. What percentage of your work is Oil and Gas? _____ %

a. If not 100%, what other industry do you work in? _____

▶

13. Offshore/Over-Water Operations

    a. Percentage of operations: _____ %
    b. Average number of days per month offshore: _____
    c. Maximum number of days per month offshore: _____
    d. Who is responsible for transportation to and from site? _____

14. International Exposure

    a. Percentage of work in the United States: _____ %
    b. Percentage of work in Canada: _____ %
    c. Percentage of work in other countries: _____ %
    List countries: _____

15. General Liability Coverage Requested at $1MM Occurrence? ☐ Yes ☐ No

16. Hired and Non-Owned Auto Coverage Requested? ☐ Yes ☐ No

17. Umbrella/Excess Coverage Requested: ☐ Yes ☐ No

    If yes, what are the limits being requested? _____

18. Underlying Insurance

    Auto Liability in force? ☐ Yes ☐ No

Carrier	Effective Date	Expiration Date	Limits

Number of power units, titled to the applicant, by weight class:

Light _____ Medium _____ Heavy _____ Extra Heavy _____ Extra Heavy Truck Tractor _____

Are all trucks 10,000 lbs. gross vehicle weight or less? ☐ Yes ☐ No

Employers Liability in force? ☐ Yes ☐ No

Carrier	Effective Date	Expiration Date	Limits

Has any claim been made or legal action been brought in the past five years (or made earlier with the action still pending) against the Applicant, it predecessors, or any part or current principal partners, officer or director of the Applicant? ☐ Yes ☐ No

If yes, please give full details or attach a separate page if preferred.

WARRANTY STATEMENT

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

I warrant that the information contained in this application is true and that it will form the basis of, and be incorporated into, the final policy, if issued.

_____

Named Insured Signature

_____

Date

_____

Producing Agent Signature

_____

Date