



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, Province, Postal code, Country): _____

Website Address: _____

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

1.3 Please state the number of employees: _____

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 (DD/MM/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:	\$ _____	\$ _____	\$ _____
USA 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? 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 oversee, instruct, direct, supervise or have any involvement in any work or operations that occur or may occur on site? Yes No

2.7 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

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

Section 3: Contract Information

3.1 Do you employ subcontractors? Yes No

If "yes", please state:

a) the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors (%):

b) whether you sign reciprocal hold harmless agreements: Yes No

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

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

Section 4: Property Cover

If you require property cover, please complete the questions in Appendix 1.

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.



Oil & Gas Professionals Insurance application form



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: Position:

Signature: _____ Date (DD/MM/YYYY): _____

Additional Information

Appendix 1: Property Cover

Please copy this appendix if more than one premises is to be insured.

6.1 Premises Address (Address, Province, Postal code, Country):

6.2 Please detail the amounts to be insured below for the premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Building coverage: \$

Computer equipment: \$

Tenants improvements: \$

Portable equipment: \$

Inventory/stock: \$

Other business contents: \$

Loss of income: \$

Loss of rent: \$

Indemnity period for loss of income/rent (months):

6.3 Please state:

a) when the premises was built (DD/MM/YYYY):

b) when it was last renovated (DD/MM/YYYY):

c) how the premises is constructed:

Steel frame

Brick/Concrete/Stone

Steel sheet

Other:

d) when approximately the roof of the premises was last renovated (DD/MM/YYYY):

e) how the roof is constructed:

Pitched tiled

Slate

Profile steel sheeting

Other:

f) the percentage of flat roof on the premises (%):

g) how the floor is constructed:

Concrete

Timber

Other:

h) whether composite panels are used in the construction: Yes No

If "yes", please state:

the age of the composite panels:

whether the panels are approved by an appropriate regulatory body and comply with the applicable minimum building regulations: Yes No

the type of infill:

Please state:

i) whether the premises is detached: Yes No

If "no", please state what measures are in place to protect the premises from damage if there is a fire in a neighbouring property:

j) whether the premises has a lockable entrance door: Yes No

If "no", please provide details on alternative security:

k) whether the premises is self-contained: Yes No

l) whether the premises has its own means of access: Yes No

m) whether the premises protected by:

Security grills Shutters Window bars

n) whether the premises contains other external doors: Yes No

If "yes", please state the type of locking system:

Key operated security bolt Panic bar locking system Other:

o) whether the premises has lockable opening windows on all levels: Yes No

If "yes", please state the type of locking system:

Key operated locking device N/A (i.e. permanently sealed shut)

p) whether the premises is protected by intruder alarm systems which are connected to all windows and doors and is subject to an annual maintenance contract: Yes No

If "yes", please state the type of alarm:

Bells only Central Station DigiCom RedCare

q) whether the premises is protected by exterior and interior cameras: Yes No

r) whether the premises is overseen by 24 hour guards: Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises including locks and the intruder alarm are not in full and effective operation whenever the premises is closed for business or otherwise left unattended.

s) whether the premises is free from cracks or other signs of damage that may be due to subsidence, landslip or heave and has not previously suffered damage by any of these causes: Yes No

t) whether the premises is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters: Yes No

u) whether the premises is heated by one of the following methods: conventional electric, gas, oil or solid fuel: Yes No

v) whether the premises has a back-up system for the electrical supply heating: Yes No

w) whether the premises has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements: Yes No

x) whether the premises has a back-up system for the electrical supply: Yes No

y) whether the premises has any portable premises: Yes No

NOTE: Assuming you have answered "yes" to the questions u) and v) above, it is important to keep records of all the relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered "no" to any of the above questions, please give further details:

6.4 Are any of the premises listed? Yes No

If "yes", please state the grade:

Grade I

Grade II

6.5 If applicable, how is your stock stored at the premises?

6.6 Are flammable/hazardous substances kept in a specialist, flame proof cabinet in line with health and safety regulations? Yes No

If "yes", please provide details:

6.7 If requesting a limit for business interruption, do you have a business continuity plan in place? Yes No

If "yes", please provide details:
