



SERVICE CONTRACTOR SUPPLEMENTAL APPLICATION

An ACORD application form must be submitted in addition to this supplemental application.

A. APPLICANT MSHA CONTRACTOR ID: _____

1. Name of Insured: _____
2. Are there any additional entities for which Named Insured status is being requested? ☐ YES ☐ NO
(If yes, please provide the name and description of operations for each entity.)
3. Do any of the requested Named Insureds have subsidiaries, related entities, or affiliated companies not identified in Questions 1 or 2 above? ☐ YES ☐ NO
(If yes, please provide the name and description of operations for each company.)
4. If Additional Insured status is requested for any entity, provide the following information:

Entity Name	Reason Additional Insured Status is Requested
_____	_____
_____	_____
_____	_____

5. Does your company maintain a formal safety program? ☐ YES ☐ NO
If yes, identify the individual responsible for administering the program: _____
6. Does your company conduct regular safety meetings? ☐ YES ☐ NO How often are the meetings held? _____
7. Is your company subject to Department of Transportation (DOT) regulations? ☐ YES ☐ NO

B. APPLICANT OPERATIONS

1. Provide a description of all operations performed by the applicant:

2. List the three (3) largest jobs completed during the past year, including the revenue generated, a brief description of the work performed, and the client/customer's name for each:

3. What percentage of your operations are conducted at "wet" locations? _____ %

(Wet locations include any work performed in, over, or upon a watercourse, body of water, bog, marsh, swamp, or wetland.)



4. Is all equipment licensed for road use included and scheduled on your commercial auto policy? ☐ YES ☐ NO
5. What is your anticipated payroll for the upcoming year?

C. SUBCONTRACTORS

1. Does your company utilize subcontractors? ☐ YES ☐ NO If yes, please describe the operations or services performed by subcontractors:

2. Please describe all services your company will provide to the entity with whom you are contracting:

3. What total amount do you anticipate paying subcontractors during the upcoming year?

4. What risk management or insurance requirements do you impose on subcontractors?

- Require subcontractors to provide a waiver of subrogation? ☐ YES ☐ NO
- Require subcontractors to name your company as an Additional Insured on their policy? ☐ YES ☐ NO
- Require subcontractors to provide a certificate of insurance? ☐ YES ☐ NO

5. Are subcontractors required to have a fully executed Master Service Agreement (MSA) on file with your company prior to beginning work? ☐ YES ☐ NO

- a. If yes, which type of MSA does your company use? ☐ API ☐ IADC ☐ Other (please attach)

- b. If yes, please describe your company's MSA requirements and guidelines.

(For example: Are MSAs required for all subcontractors, only for specific operations, based on contract value thresholds, or other criteria?)

6. Please indicate the insurance coverages and minimum limits required of subcontractors:

Coverage	Limits Required
___ General Liability	_____
___ Blanket Contractual Liability	_____
___ Products/Completed Operations	_____
___ Underground Resources & Equipment	_____
___ Pollution Liability	_____
___ Automobile Liability	_____
___ Workers' Compensation	_____
___ Umbrella/Excess Liability	_____



Submission Requirements:

- Currently valued insurance company-issued loss runs for the current year and the five preceding years for all requested coverages
 - A list of all proposed Named Insureds, along with a detailed description of their operations
 - Current experience modification rating worksheets for Workers' Compensation submissions
 - A current work-on-hand schedule
 - The contact's name, telephone number, and email address for the Contractor's loss control and claims representatives
 - The most recent audited financial statements
 - Completed ACORD applications for all coverages being requested
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DECLARATION AND SIGNATURE

The undersigned certifies that, to the best of their knowledge and belief, all statements and information provided in this application are true and complete. The insurer is authorized to conduct any investigations or inquiries it deems necessary in connection with this application.

Signature of First Named Insured

Title

Date

(Must not be signed by the Producer)

Submitted by: _____
Producer

FRAUD WARNING

Any person who knowingly and with intent to defraud an insurance company or another person applies containing materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime.