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Service Contractor
GL Application
Supplement

A. APPLICANT

- 1. Insured Name
2. Is Named Insured status requested for any other entities?
3. Do any requested Named Insureds have subsidiary, related, or affiliated companies...
4. If you are requesting Additional Insured status for any entities...
5. Do you have a formal company safety program?
6. Do you hold regular safety meetings?
7. Are you subject to Dept. of Transportation regulation?

B. APPLICANT OPERATIONS

- 1. State all operations performed:
2. State revenue of the three (3) largest jobs performed last year...
3. What percentage of your operations are performed at "wet" locations?
4. Is all of your equipment that is licensed for road use scheduled on your auto policy?

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 subcontractor 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?
 Based on other factors? _____

5. Indicate the insurance coverages and limits you require for subcontractors?

<u>Coverages</u>	<u>Limits Required</u>
<input type="checkbox"/> General Liability	_____
<input type="checkbox"/> Blanket Contractual	
<input type="checkbox"/> Products/Completed Operations	
<input type="checkbox"/> Underground Resources	
<input type="checkbox"/> Pollution	
<input type="checkbox"/> Auto Liability	_____
<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Umbrella Liability	_____

DECLARATION and SIGNATURE

I have read the above Application. 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 coverage or cancel the policy.

Signature for First Named Insured (May not be signed by Producer)	Title	Date
	Submitted by: _____	
	Producer	