

ENERGY AUDITOR APPLICATION

Date: _____
Name of Applicant/Primary Owner(s): _____

Company Name: _____

Is Applicant: Individual ___ Partner ___ Corporation ___ LLC ___ Other: describe _____

Mailing Address: _____

Physical/Premises Address of Office : _____

Phone number: _____ Fax Number: _____

Email address: _____ Cell Number: _____

State/Area of Operations: _____ Web site Address: _____

If you work in more than one state, what state is your business domiciled? _____

Provide details of all your operations: _____

Do you have other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

1. Applicant Operations:
Number of Owner/Partners: _____ No. of Trade Employees: _____ Payroll: _____
How Many Owners work in the field? _____
Operation is: (% of each) **Type of Work:** _____
Residential _____% Commercial _____% Industrial _____%
Other: Describe _____%

2. Who hires your services: (% of each)
Banks or other Financial Institutions _____% Realty Company or Broker _____% General Contractor _____%
Current Owner of property _____% New Owner of property _____%
Other: Describe _____%

3. Receipts/Sales:
Current Year: _____ Previous Year: _____ Two Years Ago: _____

4. Subcontracted Work Cost:

- a. Do you use subcontractors? Yes No
 - If yes, total percent of work done by subcontractors: _____%
 - If yes, amount of money paid to subcontractors: \$ _____
 - If no, do you plan to use subcontractors in the next 12 months? Yes No
 - 1. Estimate the amount of money you will pay to these subcontractors: \$ _____
 - 2. Estimate the total percent of work to be performed by subcontractors: _____%
- b. Do you require all subcontractors to carry their own Errors and Omissions insurance? Yes No
- c. Do you require all subcontractors to carry their own General Liability insurance? Yes No
- d. Does the applicant desire to provide coverage for independent contractors? Yes No

5. Describe equipment used in operations: _____

6. List three current projects: (If less than three, include most recent completed projects)

Customer Name and Project Description	Receipts	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

7. List largest jobs in the last three years:

Customer Name and Project Description	Receipts	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

8. Are you a licensed General Contractor? Yes No

If yes, what is your license #: _____

9. Have you ever acted in the capacity of a General Contractor? Yes No

If yes, provide details: _____

10. Have you ever acted in the capacity of a Construction/Project Manager or Construction Consultant? Yes No

If yes, provide details: _____

11. Any operations as a Structural/Mechanical Property Inspector? Yes No

If yes, provide details: _____

12. Are you licensed in any other profession?: Yes No

If yes, what profession: _____

13. Do you perform repairs on the same properties you audit? Yes No

If yes, provide details: _____

14. Liability Controls:

a. Do you use a written contract with customers? Yes No

If no, explain when not required: _____

b. Do you use a written contract with subcontractors? Yes No

If no, explain when not required: _____

c. Do your contracts contain a hold harmless agreement in your favor? Yes No

d. Do you obtain certificates of insurance from all subcontractors? Yes No

If yes, minimum limits required: _____

e. Are you added as an additional insured on the subcontractors' liability policies? Yes No

f. Do you have Workers' Compensation coverage in force? Yes No

15. Is similar Professional Liability (Errors & Omissions) currently in force? Yes No

a. If yes, please provide Carrier's name, current limits, expiration date: _____

16. Is similar General Liability currently in force? Yes No

a. If yes, please provide Carrier's name, current limits, and expiration date: _____

17. LOSS HISTORY:

Has the Applicant had any General Liability claims paid, reserved or pending in the last 5 years?? Yes No

Has the Applicant had any Errors & Omissions claims paid, reserved or pending in the last 5 years?? Yes No

a. Date of Occurrence: _____

b. Date of Claim: _____

c. Amount Paid: _____

d. Claim Status: circle one OPEN CLOSED

e. Type/Description of occurrence or claim: _____

f. What remedial action has been taken to prevent similar claims?

18. Do any of your clients require their name listed as an additional insured? Yes No

If yes, please list the name, address & business relationship of any requested Additional Insured:

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.