



ENERGY INSURANCE MUTUAL LIMITED EXCESS GENERAL LIABILITY INSURANCE

APPLICATION

THE COMPLETION AND SUBMISSION TO ENERGY INSURANCE MUTUAL LIMITED OF THIS APPLICATION FOR EXCESS GENERAL LIABILITY INSURANCE DOES NOT CONSTITUTE A BINDING CONTRACT OF INSURANCE NOR ANY INSURANCE COVERAGE WHATSOEVER, NOR DOES IT COMMIT ENERGY INSURANCE MUTUAL LIMITED TO OFFER OR THE APPLICANT TO PURCHASE ANY COVERAGE.

THIS APPLICATION IS FOR AN EXCESS GENERAL LIABILITY CLAIMS FIRST MADE INSURANCE POLICY. THE POLICY PROVIDES COVERAGE WHICH IS DIFFERENT FROM THAT PROVIDED BY OTHER POLICIES. THE POLICY ALSO PROVIDES FOR ALTERNATE DISPUTE RESOLUTION FOLLOWED, IF NECESSARY, BY MANDATORY ARBITRATION OF ALL DISPUTES THAT MAY ARISE UNDER THE POLICY. PLEASE CAREFULLY READ THE SPECIMEN COPY OF POLICY.

AS PART OF THIS APPLICATION, IT IS NECESSARY TO ATTACH THE FOLLOWING:

- APPLICANT'S LATEST ANNUAL REPORT**
- APPLICANT'S LATEST 10-K AND ALL 10-Q AND 8-K REPORTS SUBSEQUENTLY FILED WITH THE SECURITIES AND EXCHANGE COMMISSION IF PUBLICLY TRADED**
- LIST OF UNDERLYING INSURANCE POLICIES INCLUDING POLICY NUMBER, POLICY PERIOD, LAYER, ATTACHMENT POINT, LIMIT(S), DESCRIPTION OF COVERAGE; OR IF FOLLOWING FORM COVERAGE IS REQUIRED, A COPY OF THE UNDERLYING POLICY TO BE FOLLOWED**
- LIST OF SUBSIDIARIES FOR WHICH COVERAGE IS REQUESTED**
- DOT F7100.1-1 FOR EACH GAS DISTRIBUTION OPERATION**
- DOT F7100.2-1 FOR EACH GAS TRANSMISSION OPERATION**
- COPY OF ALL DAM INSPECTION REPORTS REQUIRED BY REGULATORY AUTHORITIES (SUMMARY OF FINDINGS ONLY)**
- COPY OF LIMITATION OF LIABILITY SECTION OF RATE TARIFF ISSUED BY APPLICABLE REGULATORY AGENCIES**
- COPY OF STANDARD INSURANCE AND HOLD HARMLESS PROVISIONS INCORPORATED INTO CONTRACT FOR SERVICES**

PLEASE RETURN TO:

**ENERGY INSURANCE MUTUAL LIMITED
3000 BAYPORT DRIVE, SUITE 550
TAMPA, FLORIDA 33607-8412**

1. APPLICANT

Full name and address:

2. OTHER APPLICATIONS

Is another application being submitted instead of the standard EIM application?

YES **NO**

If "YES," please list the application.

NOTE: **Any other application must contain information equivalent to that requested in this application. If this is an initial application, a short-form renewal application is not permissible.**

3. CONTACT PERSON(S)

a. Name _____

Title _____

Address _____

Telephone Number _____

Telefax Number _____

E-Mail Address _____

b. Person authorized to accept Service of Process:

Name _____

Title _____

Address _____

4. INSURANCE PROPOSALS REQUESTED

a. Please state limits to be quoted.

NOTE: Minimum attachment point is \$25 million.

OPTION I: Limit _____

Attachment Point _____

OPTION II: Limit _____

Attachment Point _____

OPTION III: Limit _____

Attachment Point _____

b. Proposed Policy Inception Date _____

c. Proposed Retroactive Date _____

d. Does Applicant currently have coverage at the levels requested in "a" above?

YES **NO**

If 'YES' please describe:

Limit

Occurrence or Claims Made

If Claims Made, please state:

Retroactive Date _____ **Period of Insurance** _____

5. APPLICANT INFORMATION

		YES	NO
a.	Gas Utility Operations	<input type="checkbox"/>	<input type="checkbox"/>
	Gas/Oil Exploration		
		On Shore	<input type="checkbox"/>
		Offshore	<input type="checkbox"/>
	Drilling		
		On Shore	<input type="checkbox"/>
		Offshore	<input type="checkbox"/>
	Well Operations		
		On Shore	<input type="checkbox"/>
		Offshore	<input type="checkbox"/>
	Gathering System	<input type="checkbox"/>	<input type="checkbox"/>
	Gas Fractionation	<input type="checkbox"/>	<input type="checkbox"/>
	Gas Extraction	<input type="checkbox"/>	<input type="checkbox"/>
	Transmission	<input type="checkbox"/>	<input type="checkbox"/>
	Distribution	<input type="checkbox"/>	<input type="checkbox"/>
	Manufactured Gas Plant	<input type="checkbox"/>	<input type="checkbox"/>
	Synthetic Gas Plant	<input type="checkbox"/>	<input type="checkbox"/>
	Storage Facilities		
		Above Ground	<input type="checkbox"/>
		Under Ground	<input type="checkbox"/>
	LNG Storage for others	<input type="checkbox"/>	<input type="checkbox"/>
	LPG Storage for others	<input type="checkbox"/>	<input type="checkbox"/>
b.	Mining	YES	NO
		Deep	<input type="checkbox"/>
		Surface	<input type="checkbox"/>
c.	Other utility operations	YES	NO
	Water Operations	<input type="checkbox"/>	<input type="checkbox"/>
	Telecommunication Operations	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | YES | NO |
| d. Dams | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES," please attach a list stating location, year built, height, storage capacity, federal hazard potential classification, and brief summary of downstream exposures. | | |
| | YES | NO |
| e. Cogeneration/Independent Power Producer | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES," please describe on an attached sheet. | | |
| | YES | NO |
| f. Joint Ventures | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES," on an attached sheet please describe by stating name of joint venture, operation, managing partner, percentage of ownership, location, and brief description of operations. | | |
| | YES | NO |
| g. Construction Operations | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES," on an attached sheet please describe all construction projects with estimated cost of \$100,000,000 or more. | | |
| | YES | NO |
| h. Foreign Operations | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES," on an attached sheet please describe. | | |
| | YES | NO |
| i. Property in Care, Custody, and Control | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES," on an attached sheet please describe all items exceeding \$5,000,000 in value. | | |
| | YES | NO |
| j. Discontinued Operations | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES," on an attached sheet please describe. | | |
| | YES | NO |
| k. Watercraft Operations | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES," on an attached sheet please describe if owned, leased, or chartered. Describe type and description of operations. | | |

YES NO

l. Aircraft Operations

If "YES," please describe all owned and leased aircraft. Describe each unit and usage.

YES NO

m. Any Other Operations

If "YES," on an attached sheet please describe.

6. CLAIMS EXPERIENCE

Please describe each claim, paid or outstanding, insured or not, which exceeds \$1,000,000 including defense costs listing the amount paid or outstanding of each claim.

7. POTENTIAL CLAIM INFORMATION

Describe any circumstance that appears likely to result in a claim against the Applicant for an amount exceeding \$1,000,000. If none, please state.

REPRESENTATIONS AND WARRANTIES

IT IS AGREED THAT THIS APPLICATION AND THE APPLICANT'S STATEMENT HEREIN SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

THE APPLICANT, BASED ON REASONABLE INQUIRY, WARRANTS AND REPRESENTS THAT TO THE BEST OF ITS KNOWLEDGE AND BELIEF:

- (a) the statements set forth herein are true, and that he knows of no other relevant facts that might affect the judgment of Energy Insurance Mutual Limited when considering this application; and**
- (b) by signing this application, the Applicant acknowledges that he has received a specimen policy and agrees to be bound by the mandatory Choice of Law and Arbitration provisions therein should a Policy be issued; and**
- (c) that if the information supplied in this application changes materially between the date of this application and the inception date of the Policy Period, the Applicant will immediately notify the Company and any such changes shall be attached to and made a part of this application.**

Signature _____

Title _____

Company _____

Date _____