



Evanston Insurance Company
 Essex Insurance Company

OIL AND GAS INDUSTRY APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

NOTICE: For certain policies and coverage forms issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Qualifications including resumes/certifications of key personnel, company brochures and a listing of previous projects
2. Most recent income statement and balance sheet
3. Five years of currently valued loss runs, including pollution and professional liability, if applicable
4. Completed Acord Application
5. Sample of company contract(s) including, but not limited to Master Services Agreement, Rental & Lease Contracts

A. APPLICANT INFORMATION:

Name Of Applicant: _____ Date: _____

Inspection Contact Name: _____ Title: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Website: _____ D&B No.: _____

Company is an: Individual Partnership Corporation Joint Venture
 Other (describe): _____

1. Class of business: Consulting & Engineering Services *(complete section K. on page 6.)* Drilling Contractors *(complete section L. on page 7.)* Lease Operators/Non-Operators *(complete section M. on page 9.)* Pipeline Operators *(complete section N. on page 12.)* Service Contractors *(complete section O. on page 13.)*

2. If there is more than one proposed Named Insured, list each and provide percentage of ownership:

LEGAL NAME	OWNERSHIP %	OPERATIONS/SERVICES PROVIDED
_____	_____	_____
_____	_____	_____
_____	_____	_____

-
-
3. How long has the applicant been in business? _____
 4. How many years of experience does the applicant have in the industry? _____
 5. Is the applicant a successor of any other business? Yes No
If yes, please explain. _____
 6. Is the applicant directly or indirectly controlled, owned, or otherwise managed by another party? Yes No
If yes, please explain. _____
 7. Does the applicant directly or indirectly control, own, or otherwise manage any other entity? Yes No
If yes, please explain. _____
 8. Does the applicant, or any affiliated, related predecessor entity, currently share office space or use of employees or co-mingle with affiliated or related operations of any kind? Yes No
If yes, please explain. _____
 9. Is work done for the applicant through or by any affiliated or related company(s)? Yes No
-

B. REQUESTED COVERAGE

Please indicate below () which coverages are requested.

- New Business Renewal Proposed Effective Date: _____
- Commercial General Liability (Occurrence or Claims Made) Proposed Retroactive Date: _____
- Contractor's Pollution Liability (Occurrence or Claims Made)
- Professional Liability (Claims Made Only)
- Environmental Impairment Liability (Claims Made Only)
- Other Liability – Please describe: _____
- Other Liability – Please describe: _____
-

C. GROSS ANNUAL REVENUE*

*Gross Annual Revenue includes the total of all receipts, invoices, and billing without deductions of any kind.

1. Estimated Gross Annual Revenue for the upcoming 12 month period:
Domestic: \$ _____
Foreign: \$ _____
 2. Please list the applicant's Gross Annual Revenues for the preceding 3 years:

1 st Prior Year	Domestic: \$ _____	Foreign: \$ _____	
2 nd Prior Year	Domestic: \$ _____	Foreign: \$ _____	
3 rd Prior Year	Domestic: \$ _____	Foreign: \$ _____	
 3. What percentage of the time does the applicant work without a written contract? _____ %
 4. Does the applicant directly or indirectly perform work on residential properties? Yes No
If yes, what percentage of the applicant's overall revenue is associated with residential work? _____ %
-

Coverage Form	Limits Of Liability	Deductible/SIR	Carrier	Premium
Professional Liability	\$ _____	\$ _____	_____	\$ _____
Umbrella/Excess Liability	\$ _____	\$ _____	_____	\$ _____
Other Liability – Please Describe: _____	\$ _____	\$ _____	_____	\$ _____

Has any policy or coverage been declined, cancelled or non-renewed during the prior five years? Yes No
 If yes, please explain: _____

F. CLAIMS AND LOSSES INFORMATION

- Has any claim, suit or notice of incident been made against the firm, subsidiary or related entity or any staff member? Yes No
 If yes, please provide full details on each incident:

- Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against him/her, the firm, his/her predecessors in business, any of the present or past partners or officers or any staff members? Yes No
 If yes, please provide full details on each incident:

G. U.S.A. AND CANADA EXPOSURES

- Please list all states and provinces you work in or plan to work in:

- Does the applicant currently or in the future plan to provide services or perform work in the state of New York? Yes No
 If yes, please answer the following:
 What percentage of the applicant's overall sales is associated with this operation? _____%
 Describe services provided: _____

(Please complete Sections H., I., and J. only if they are applicable to the applicant's business. Where specific sections do not apply, please initial in the space provided.)

H. SUBCONTRACTORS

- Does the applicant ever work with subcontractors? Yes No
 If yes, what percentage of the applicant's work is performed by subcontractors? _____%
- Are all subcontractors licensed and certified? Yes No
- Does the applicant maintain current certificates of insurance from all subcontractors? Yes No
 If yes, where are they kept on file? _____

4. Please indicate the minimum insurance coverages that the applicant requires subcontractors to carry:

Coverage

Limits

Commercial General Liability: \$ _____ None
 Blanket Contractual Products/Completed Operations Underground Resources
 Contractor's Pollution Liability: \$ _____ None
 Auto Liability: \$ _____ None
 Employers' Liability: \$ _____ None
 Umbrella/Excess Liability: \$ _____ None
 Professional Liability (E&O): \$ _____ None
 Other: _____ \$ _____

- 5. Is the applicant named as an additional insured on all subcontractors' policies? Yes No
- 6. Does the applicant obtain a Waiver of Subrogation from subcontractors' insurance carriers? Yes No
- 7. Is the subcontractor's insurance endorsed to be primary over the applicant's insurance? Yes No
- 8. Is a standard written contract used with all subcontractors? Yes No
 If yes, does that contract include hold harmless and limitation of liability clauses in the applicant's favor? Yes No

Applicant does not use any subcontractors: _____ Initial

I. INTERNATIONAL EXPOSURES

- 1. What percentage of the applicant's work is outside the U.S.A. and Canada? _____% Value: \$ _____
- 2. Please list all countries the applicant works in or plans to work in: _____
- 3. Please list services performed in the above countries: _____

Applicant does not perform any work or services outside the U.S.A. and Canada: _____ Initial

J. OFFSHORE AND OVER WATER EXPOSURES

- 1. What percentage of the applicant's work is over water (including marshes, bays, inland waters and offshore)? _____%
- 2. How often does the applicant or the applicant's employees work offshore or over water? Avg # of days per month _____ or Max # of days per annum _____
- 3. Does the applicant or the applicant's employees stay offshore or over water? Yes No Avg # of days per month _____ or Max # of days per annum _____
- 4. Describe a typical offshore or over water project, including services performed and project duration.

5. Maximum number of employees offshore at any one time: _____ # of Professional Staff: _____ # Labor/Technicians: _____

6. Who is responsible for transportation to offshore worksites? _____

7. What percentage of the applicant's work is from boats, docks or barges? _____%

Applicant does not perform any work or services that requires working over water or offshore: _____ Initial

K. CONSULTING AND ENGINEERING SERVICES

(Complete only if the applicant is involved in consulting or engineering services)

1. Which of the following most accurately describes the majority of the applicant's business?

(Choose only one)

- a. Other than observe and report:
 - Involved with direct supervision, control or oversight of rig or rig personnel
 - May include ability to stop work, engage, hire, fire, select or otherwise control the jobsite
 - Acts as project manager or controller on behalf of owner
 - Provides health and safety consulting or training
- b. Observe and report only:
 - Consultants without any direct supervision or oversight of rig or rig personnel
 - Not involved in actual drilling, exploration, completion, work over or production services
 - No ability to stop work, engage, hire, fire, select or otherwise control the jobsite
 - Strictly observe and report basis, reporting to project owner
- c. Specialist service provider:
 - Provides onsite services and/or direct supervision of a specialized service that is either over the hole or down hole
 - Specialized services include:
 - Production; Perforating/Completion; Drilling and/or Directional Drilling; Work Over; Mud Men/Mud Loggers

2. Subcontractors/Subconsultants:

- a. Does the applicant manage or supervise subcontractors or subconsultants at any project or worksite? Yes No
- b. Does the applicant sign contracts or work orders with subcontractors/subconsultants on the client's behalf? Yes No
- c. Are any subcontractors/subconsultants hired without a written contract? Yes No
- d. Does the applicant require subcontractors/subconsultants to sign a contract before hiring them? Yes No

3. Please allocate the applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on behalf of the applicant.

Consulting And Engineering Classifications	% Performed by Applicant	% Performed by Subs
Drilling Consultants	_____ %	_____ %
Geophysical	_____ %	_____ %
Mud Men/Mud Loggers	_____ %	_____ %
Completion Consultants	_____ %	_____ %
Pipeline Consulting/Inspection on land	_____ %	_____ %
Pipeline Consulting/Inspection over water	_____ %	_____ %
Production Consultants	_____ %	_____ %
Project Management, including Health and Safety	_____ %	_____ %
Project Management, without Health and Safety	_____ %	_____ %

Consulting And Engineering Classifications	% Performed by Applicant	% Performed by Subs
Reservoir Engineering	_____ %	_____ %
Reservoir Modeling Consultants	_____ %	_____ %
Rig Mobilization Consultants	_____ %	_____ %
Seismic Surveys	_____ %	_____ %
Well Design	_____ %	_____ %
Workplace Health and Safety Training	_____ %	_____ %
Work Over Consultants	_____ %	_____ %
Other (describe): _____	_____ %	_____ %

L. DRILLING CONTRACTORS
(Complete only if the applicant is a drilling contractor)

1. Operations:

a. Describe the applicant's operations:

Note: If there is more than one proposed Named Insured, please provide a detailed description of operations for each proposed Named Insured.

b. Subsidiaries:

Name	Description of Operations
_____	_____
_____	_____
_____	_____

c. Number of years of experience of principals: _____

d. Estimated annual payroll: \$ _____

2. Subcontractor Information:

a. Indicate the operations the applicant typically subcontracts out:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Cementing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Instrument Logging | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Mud Logging | <input type="checkbox"/> Rat Hole Drilling | <input type="checkbox"/> Rig Erection & Dismantling | <input type="checkbox"/> Rig Moving |
| <input type="checkbox"/> Running Casing | <input type="checkbox"/> Site Preparation | <input type="checkbox"/> Welding | <input type="checkbox"/> Wireline Services |
| <input type="checkbox"/> Other (describe) _____ | | | |

b. What percentage of work is subbed out? _____ %

c. Does the applicant have a signed Master Service Agreement (MSA) on file for each subcontractor before the subcontractor begins work? Yes No

If yes: (1) What form of MSA is used? API IADC Other (attach copy)

(2) Describe the MSA guidelines (including if MSAs are required on all subcontractors, only subcontractors who perform specific operations, based on expenditure threshold or based on other factors): _____

3. a. In the spaces provided, place an **X** in the box for all operations the applicant is involved in and provide annual gross payroll and gross revenues for those operations.

<u>Operations:</u>	<u>Annual Gross Payroll</u>	<u>Annual Gross Revenues</u>
<input type="checkbox"/> Oil or Gas Well Drilling/Redrilling	\$ _____	\$ _____
<input type="checkbox"/> N.O.C. (13822s/98157)	\$ _____	\$ _____
<input type="checkbox"/> In Town (13812/98158)	\$ _____	\$ _____
<input type="checkbox"/> Casing Installation	\$ _____	\$ _____
<input type="checkbox"/> Casing Pulling/Recovery	\$ _____	\$ _____
<input type="checkbox"/> Spudding	\$ _____	\$ _____
<input type="checkbox"/> Bore Hole	\$ _____	\$ _____
<input type="checkbox"/> Rat Hole	\$ _____	\$ _____
<input type="checkbox"/> Mouse Hole	\$ _____	\$ _____
<input type="checkbox"/> Water Hole	\$ _____	\$ _____

b. Number of rigs owned: _____

c. Average number of active rigs: _____

d. Maximum depth of drilling: _____ Feet

e. Average depth of drilling: _____ Feet

f. Any drilling operations over water? Yes No

If yes: **(1)** Estimated annual payroll: \$ _____

(2) Describe type of work over water:

g. Is the applicant subject to Department of Transportation regulation? Yes No

h. Does the applicant lease employees from others? Yes No

i. Does the applicant perform employee drug testing? Yes No

If yes, attach testing program details, including how often testing is conducted.

j. Indicate the number of wells drilled in the last year by total depth:
 _____ 0 – 3,000 feet _____ 3,001 – 7,500 feet _____ 7,501 – 12,000 feet _____ Over 12,000 feet

k. Indicate the number of wells expected to be drilled in the coming year by total depth:
 _____ 0 – 3,000 feet _____ 3,001 – 7,500 feet _____ 7,501 – 12,000 feet _____ Over 12,000 feet

l. What percentage of the applicant's work is contracted as: Footage _____% Day Work _____% Turnkey _____%

m. What percentage of the applicant's work is contracted as (total must equal 100%):
 No Contract: _____% Letter Agreement: _____% API or IADC: _____%
 Other: _____% Describe: _____

4. Please allocate the applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on behalf of the applicant.

Drilling Contractors Classifications	% Performed by Applicant	% Performed by Subs
Lease Operators and Non Operators	_____%	_____%
Other (describe): _____	_____%	_____%

M. LEASE OPERATORS/NON-OPERATORS
 (Complete only if the applicant is a lease operator/non-operator)

NOTE: In addition to completing the following, the applicant must provide each of the following:

- A complete schedule of all existing wells as operator and as non-operator, including state, county, total depth, lease block (if applicable), working interest and status (producing, shut-in, etc.).
- A complete schedule of estimated drilling activity for the next 12 months, including state, county, total depth and working interest.
- Separate schedules of town sites, H2S, saltwater disposals, injection, wet location wells and horizontal wells, if any.
- A complete schedule of all gas processing, distillation and/or sweetening plants.
- A complete schedule of all transmission or distribution pipelines and associated compressor stations.
- A complete schedule of all offshore facilities, if any.

1. Operations:

- a. Are audited financial statements available? Yes No
 If no, please explain: _____
- b. Does the applicant lease any employees? Yes No
 If yes, please explain: _____
- c. Estimated annual payroll: \$ _____
- d. Is the applicant:
 - (1) An **operator of record** owning working interest in wells who manages lease operations for his co-owners of the working interest? Yes No
 - (2) An **operator of record** owning working interest in wells who utilizes a contract operator to manage lease operations? Yes No
 - (3) An **operator of record** not owning working interest in wells who utilizes a contract operator to manage lease operations? Yes No
 - (4) A **promoter** selling drilling prospects to operators for a carried interest in the wells? Yes No
 - (5) A **lease operator by contract** who does not have a working interest in the wells? Yes No
 - (6) An **investor** owning a non-operating working interest? Yes No
 - (7) An **operator** which has any service contractor subsidiary? Yes No
 - (8) A **service contractor**? Yes No
- e. Is Non-Owned Auto coverage desired? Yes No
 If yes, please complete the Hired and Non-Owned Automobile Liability Supplemental Application.

2. As Operator:

- a. How are drilling/work over operations contracted?
 - (1) Day Work: IADC API
 - (2) Footage: IADC API

(3) Turnkey: IADC API

(4) Other (attach copy)

b. How are servicing operations contracted?

(1) Master Service Agreement (MSA)? Yes No

If yes, what type is used? IADC AOSC API Other (attach copy)

(2) Well Service Contract? Yes No

If yes, attach copy.

(3) Individual job order/purchase order? Yes No

c. Does the applicant require contractors and subcontractors to purchase coverage for the following:

(1) Explosion? Yes No

(2) Blowout and Cratering? Yes No

(3) Underground Resources/Underground Equipment? Yes No

(4) Saline Contamination? Yes No

d. Does the applicant require a Waiver of Subrogation from each driller and work over contractor? Yes No

e. Does the applicant maintain an approved contractors list? Yes No

f. Are all well sites fenced, including pump jacks, tank batteries, separators, etc.? Yes No

g. Is there any livestock in the lease area? Yes No

h. Does the applicant do site preparation? Yes No

i. Are there any secondary recovery operations? Yes No

j. What is the amount the applicant expects to spend as operator on independent contractors for:

Lease work: \$ _____ Work over: \$ _____ Drilling: \$ _____

k. Indicate the number of **producing, saline** and **shut-in wells** as a lease operator:

State	Oil	Gas	Saline	Shut-In	Average Depth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

l. Indicate the number of **plugged and abandoned wells** as a lease operator:

State	Oil	Gas	Saline	Shut-In	Average Depth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

m. Indicate the number of **wells to be drilled** as a lease operator:

State	Estimated Depth	Vertical	Horizontal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

n. Any wells within city or town limits? Yes No

If yes, provide the following information:

Name	Location	Fenced		Surrounding Exposure	Diked	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

o. Total number of wells: (Enter number of each below. If none, enter N/A.)

- (1)** Located within oceans, gulfs or bays: _____
- (2)** Located within inland waterways, lakes or marsh areas: _____
- (3)** Located in or near railroad right-of-ways: _____
- (4)** Hydrogen Sulfide Gas (H₂S): _____

p. Does the applicant operator have a working interest in any gas processing, gasoline recovery plants or gas sweetening plants? Yes No

If yes, provide details: _____

3. As Non-Operator:

- a.** Are certificates of insurance available from the operator of the well? Yes No
- b.** Does the operator's policy have an Additional Insured – Working Interest Endorsement? Yes No
- c.** Is the applicant named as an additional insured on the operator's policy? Yes No

d. Indicate the number of non-operated wells **with 0 – 25% working interest:**

State	Oil	Gas	Saline	Shut-In	Average Depth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

e. Indicate the number of non-operated wells **with 26 – 50% working interest:**

State	Oil	Gas	Saline	Shut-In	Average Depth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

f. Indicate the number of non-operated wells **with more than 50% working interest:**

State	Oil	Gas	Saline	Shut-In	Average Depth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

g. Indicate the number of wells to be drilled as non-operator:

State	Oil	Gas	Saline	Shut-In	Average Depth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Please allocate the applicant's operations or services by percentage of revenue generated by the following particular operation or service performed by or on behalf of the applicant.

Lease Operator/Non-Operator Classifications	% Performed by Applicant	% Performed by Subs
Lease Operators/Non Operators	_____%	_____%
Lease Preparation including roads, pits and flow lines	_____%	_____%

N. PIPELINE OPERATORS
 (Complete only if the applicant is a pipeline operator)

1. Operations

- a. Are audited financial statements available? Yes No
 If no, please explain: _____
- b. Does the applicant lease any employees? Yes No
 If yes, please explain: _____
- c. Estimated annual payroll: \$ _____

2. As Operator

Please provide the following information for each pipeline system or major system segment for which coverage is requested. The applicant may substitute or include maps, charts and other material containing the required information.

- a. (1) Location/System Name: _____
- Buried 3 ft. or more? Yes No Length: _____ Miles Diameter: _____ Inches Poly Steel
- Product: _____ Throughput: _____
- Age: _____ Operating pressure: _____ Design pressure: _____
- Number of compression stations: _____ Average line compression (hp): _____ Largest compressor (hp): _____
- (2) Location/System Name: _____
- Buried 3 ft. or more? Yes No Length: _____ Miles Diameter: _____ Inches Poly Steel
- Product: _____ Throughput: _____
- Age: _____ Operating pressure: _____ Design pressure: _____
- Number of compression stations: _____ Average line compression (hp): _____ Largest compressor (hp): _____
- (3) Location/System Name: _____
- Buried 3 ft. or more? Yes No Length: _____ Miles Diameter: _____ Inches Poly Steel
- Product: _____ Throughput: _____
- Age: _____ Operating pressure: _____ Design pressure: _____
- Number of compression stations: _____ Average line compression (hp): _____ Largest compressor (hp): _____
- b. System type: Gathering Transmission Distribution
- c. Water or river crossings: Yes No

If yes, how many: Over the water: _____ Under the water/river bottom: _____

d. Road or highway crossings? Yes No

If yes, how many pass under State/Federal Highways? _____ How deep are they buried? _____

e. Railroad crossings? Yes No

If yes, how many? _____ How deep are they buried? _____

f. Does the applicant sell products directly to end users? Yes No

(1) If yes, explain to whom, what and where: _____

(2) If gas, is it odorized? Yes No

3. Pipeline Safety

a. Pipeline safety features (if answers vary by pipeline system or major segment, include details):

(1) Wrapped Cathodic protection 24-hour human monitoring High and low pressure alarms

(2) Pressure tested within the last 5 years? Yes No

(3) Internal inspection within the last 5 years? Yes No

(4) What is the percentage of shrinkage/leakage annually? _____%

(5) Subject to Pipeline Safety Act of 2001? Yes No

If yes, is the applicant in compliance with recommendations regarding integrity testing and public education? Yes No

b. Describe safety/access control procedures at facilities (pig access sites, compression states, metering stations, etc.):

c. Describe corrosion protection system: _____

d. Describe leak detection, remote monitoring and automatic shut-down systems and procedures:

4. Please allocate the applicant's operations or services by percentage of revenue generated by the following particular operation or service performed by or on behalf of the applicant.

Pipeline Operator Classifications	% Performed by Applicant	% Performed by Subs
Pipeline Construction on land	_____%	_____%
Pipeline Construction over water	_____%	_____%
Pipeline Maintenance on land	_____%	_____%
Pipeline Maintenance over water	_____%	_____%

O. SERVICE CONTRACTORS

(Complete only if the applicant is a service contractor other than a consultant or engineer, drilling contractor, lease operator/non-operator or pipeline operator)

1. Estimated annual payroll: \$ _____

2. Please allocate the applicant's operations or services by percentage of revenue generated by the following particular operation or service performed by or on behalf of the applicant.

Service Contractor Classifications % Performed by Applicant % Performed by Subs

Contracting And Service Classes

ABOVE GROUND STORAGE TANK _____% _____%

Service Contractor Classifications**% Performed by Applicant****% Performed by Subs**

INSTALLATION

ACIDIZING

_____ %

_____ %

ANALYTICAL LABORATORIES

_____ %

_____ %

BLOW OUT CONTROL SERVICES INCLUDING
TRAINING

_____ %

_____ %

CASING INSTALLATION/REMOVAL

_____ %

_____ %

CEMENTING

_____ %

_____ %

CLEANING/SNUBBING/CAPPING OF WELLS

_____ %

_____ %

COMPLETION/PERFORATING

_____ %

_____ %

CRANE OPERATORS/RIGGERS

_____ %

_____ %

DOWN HOLE TOOL OPERATING

_____ %

_____ %

DRILLING/RE-DRILLING (OIL/GAS/SWD)

_____ %

_____ %

ELECTRICAL

_____ %

_____ %

FISHING/TOOL RETRIEVAL CONTRACTORS

_____ %

_____ %

FRACTURING SERVICES

_____ %

_____ %

GENERAL REPAIR SHOPS INCLUDING
WELDERS

_____ %

_____ %

HOT OIL SERVICES

_____ %

_____ %

HYDROSTATIC TESTING

_____ %

_____ %

MUD LOGGERS/MUD MEN

_____ %

_____ %

Directional Drilling/Measurement While Drilling
(MWD) Operator

PAINTING/SANDBLASTING

_____ %

_____ %

PIPELINE CONSTRUCTION – FLOWLINES AND
GATHERING LINES

_____ %

_____ %

PIPELINE CONSTRUCTION – TRANSMISSION
LINES

_____ %

_____ %

PLANT TURNAROUND/MAINTENANCE

_____ %

_____ %

PUMPING/GAUGING

_____ %

_____ %

RIG/EQUIPMENT CLEANING

_____ %

_____ %

RIG ERECTION/TEAR DOWN INCLUDING
MAINTENANCE/REPAIR

_____ %

_____ %

SALT WATER HAULING FOR OTHERS

_____ %

_____ %

SOIL REMOVAL/REMEDIATION

_____ %

_____ %

SWD OPERATION (NOT DRILLING)

_____ %

_____ %

TANK AND/OR PIPE CLEANING

_____ %

_____ %

VACUUM SERVICES

_____ %

_____ %

VALVE INSTALLERS/RE-PACKERS
(CONTRACTORS)

_____ %

_____ %

WELDING – OVER THE HOLE

_____ %

_____ %

Service Contractor Classifications	% Performed by Applicant	% Performed by Subs
WELDING – NOT OVER THE HOLE	_____%	_____%
WELL COMPLETION	_____%	_____%
WELL PLUGGING/ABANDONMENT	_____%	_____%
WELL SERVICING/WORK OVER	_____%	_____%
WIRELINE/SLICKLINE SERVICES	_____%	_____%
Manufacturing And Re-Manufacturing		
MACHINE/FABRICATION SHOP SERVICES	_____%	_____%
OILFIELD PRODUCTS MANUFACTURERS – NEW	_____%	_____%
OILFIELD PRODUCTS REMANUFACTURERS	_____%	_____%
TANK AND VESSEL MANUFACTURERS	_____%	_____%
TUBULAR GOODS MANUFACTURERS/REMANUFACTURERS	_____%	_____%
TUBULAR GOODS -- THREAD/RETHREAD/STRAIGHTEN	_____%	_____%
VALVE MANUFACTURERS AND REMANUFACTURERS	_____%	_____%
Sales, Rental And Distribution		
CRANE RENTAL COMPANIES (WITH OR WITHOUT OPERATORS)	_____%	_____%
DOWN HOLE EQUIPMENT DEALERS – NEW AND USED	_____%	_____%
DOWN HOLE EQUIPMENT RENTAL COMPANIES	_____%	_____%
EQUIPMENT DEALERS – NEW AND USED (NO REMANUFACTURING)	_____%	_____%
EQUIPMENT RENTAL COMPANIES – PUMPS, TOOLS MOTORS, ETC.	_____%	_____%
MUD DEALERS	_____%	_____%
PIPE DEALERS – NEW AND USED (NO REMANUFACTURING)	_____%	_____%
SAFETY EQUIPMENT DEALERS	_____%	_____%

FRAUD WARNINGS:

Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island and West Virginia

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

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Florida and Oklahoma 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 (of the third degree)*. *Applies in Florida only.

Notice to Kansas Applicants: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Notice to Kentucky, New York, Ohio and Pennsylvania Applicants: 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in New York only.

Notice to Maine, Tennessee, Virginia and Washington 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 and denial of insurance benefits. *Applies in Maine only.

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

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon Applicants: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to Applicants of all other states: 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 the person to criminal and civil penalties.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

Name of Applicant

Title

Signature of Applicant

Date