



Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_

Requested effective date: \_\_\_\_\_ Requested expiration date: \_\_\_\_\_

1. Years in business: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Describe relevant work history:

2. Narrative description of operations:

Select which best fits your operation:  Office/Laboratory  On-Site (no drilling)  On-Site (with drilling)

**3.** Annual receipts, including sub-consulting fees

Projected this year: \$ \_\_\_\_\_  
Last year: \$ \_\_\_\_\_  
Previous year: \$ \_\_\_\_\_

**4.** Annual payroll

Projected this year: \$ \_\_\_\_\_  
Last year: \$ \_\_\_\_\_  
Previous year: \$ \_\_\_\_\_

**5.** Number of employees: \_\_\_\_\_ Number of 1099 subcontractors: \_\_\_\_\_ (provide a contract sample)

**6.** Describe your employees and/or your 1099 subcontractors qualifications/certifications:

**7.** Are 1099 subcontractors required to carry their own insurance?  Yes  No

**8.** Do you sign a contract with your clients?  Yes  No

If yes, does it include mutual indemnification and/or hold harmless wording?  Yes  No

If yes, does the mutual indemnification apply to both CGL and PL?  Yes  No

Are contracts with mutual hold harmless agreements used?  Yes  No

**9.** Do you have contracts in place with your 1099 subcontractors?  Yes  No

If yes, please answer the following:

- Certificates required are on file?  Yes  No
- Are you named as an additional insured?  Yes  No
- Are waivers of subrogation required?  Yes  No
- Do the subcontractors have equal insurance?  Yes  No
- Are contracts with mutual hold harmless agreements used?  Yes (provide a contract sample)  No

**10.** Percentage of time: On-Site: \_\_\_\_\_ % Office: \_\_\_\_\_ % Hands-On Work: \_\_\_\_\_ %

**11.** Consulting and Engineering Services

Do you have direct control and authority over the contractors on site?  Yes  No

Do you have the ability to dictate and control the daily well-site activities?  Yes  No

Do you have the ability to hire, fire, select, or control the contractors and their operations?  Yes  No

Are you strictly on site to observe the operations and report back to project owner?  Yes  No

12. Provide percentage of operation for the following classifications:

Operation	Percentage of Operation	Operation	Percentage of Operation
Drilling Consultants	%	Pipeline Consulting/Inspection	%
Environmental Consultants	%	Production Consultants	%
Gatekeeper	%	Project Management	%
Geophysical/Geoscientist	%	Seismic Surveys	%
Health & Safety Services	%	Testing Consultants	%
Land Men	%	Work Over Consultants	%
Logistics Consultants	%	Well Completion Consultants	%
Mud Men/Mud Loggers	%	Well Design	%
Perforating/Completion Consultants	%	Other ( <i>see below</i> )	%

If Other, please describe: \_\_\_\_\_

13. What percentage of your work is Oil and Gas? \_\_\_\_\_ %

a. If not 100%, what other industry do you work in? \_\_\_\_\_

14. Offshore/Over-Water Operations

- a. Percentage of operations: \_\_\_\_\_ %
- b. Average number of days per month offshore: \_\_\_\_\_
- c. Maximum number of days per month offshore: \_\_\_\_\_
- d. Who is responsible for transportation to and from site? \_\_\_\_\_

15. International Exposure

- a. Percentage of work in the United States: \_\_\_\_\_ %
  - b. Percentage of work in Canada: \_\_\_\_\_ %
  - c. Percentage of work in other countries: \_\_\_\_\_ %
- List countries: \_\_\_\_\_

16. General Liability Coverage Requested at \$1MM Occurrence?  Yes  No

17. Professional Liability Coverage Requested at \$1MM Claims Made?  Yes  No

a. What is the retroactive date of the policy? \_\_\_\_\_

18. Hired and Non-Owned Auto Coverage Requested?  Yes  No

19. Umbrella/Excess Coverage Requested:  Yes  No

If yes, what are the limits being requested? \_\_\_\_\_



**20. Underlying Insurance**

 Auto Liability in force?  Yes  No

Carrier	Effective Date	Expiration Date	Limits

How many autos are titled to the applicant? \_\_\_\_\_

 Are all trucks 10,000 lbs. gross vehicle weight or less?  Yes  No

 Do all employees and/or 1099 subcontractors have an auto policy with a combined single limit of \$1MM or higher?  Yes  No

 Employers Liability in force?  Yes  No

Carrier	Effective Date	Expiration Date	Limits

 Has any claim been made or legal action been brought in the past five years (or made earlier with the action still pending) against the Applicant, its predecessors, or any part or current principal partners, officer or director of the Applicant?  Yes  No

If yes, please give full details or attach a separate page if preferred.

**WARRANTY STATEMENT**

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. 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 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.**

 \_\_\_\_\_  
 Named Insured Signature

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Producing Agent Signature

 \_\_\_\_\_  
 Date