

U. S. RISK UNDERWRITERS, INC. - ENERGY DIVISION
10210 N. Central Expressway Suite 500 Dallas, TX 75231
(800) 232-5830 FAX: (214) 265-4958

OIL & GAS DRILLING CONTRACTOR SUPPLEMENTAL

GENERAL INFORMATION AND OPERATIONS

Proposed Effective Date: _____ Date Quote Needed: _____

Name of Applicant: _____

NOTE: If there is more than one Named Insured, for each please provide (a) the ownership and percentage of ownership of each owner, and (b) provide a detailed description 'all' operations for each.

Physical Address: _____

Mailing Address: _____

Complete Description of Operations: _____

Subsidiaries: Name Operations

- 1.
- 2.
- 3.

Individual Partnership Joint Venture Corporation Other:

Years in Business: _____ Year of Experience of Principals: _____

List all states where Applicant has any operations: _____

Average Number of Field Operations Employees: _____

Field Operations Gross Payroll: \$ _____ Gross Receipts: \$ _____

Revision March 17, 2004

SUBCONTRACTOR INFORMATION

1. Indicate below the operations you typically subcontract 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"/> Rathole Drilling | <input type="checkbox"/> Rig Moving | <input type="checkbox"/> Rig Erection & Dismantling |
| <input type="checkbox"/> Running Casing | <input type="checkbox"/> Site Preparation | <input type="checkbox"/> Welding | <input type="checkbox"/> Wireline Services |
| <input type="checkbox"/> Other: | | | |
2. Indicate which of the following you require of your **Subcontractors**:
- Certificate of Insurance Additional Insured status for yourself on subcontractor's insurance
- Waiver of Subrogation provisions on subcontractor's insurance
- Subcontractor insurance endorsed to be primary
3. Do you require subcontractors to sign and have a **Master Service Agreement (MSA)** 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 a copy)
- (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?

4. Indicated the insurance coverage and limits you require for subcontractors?

<u>Coverage's</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	\$

ENGINEERING & INSPECTION INFORMATION

Contact:

Name / Title / Address / Phone Number

Do you have a formal/written safety program? Yes No

Do you have a Safety Director on staff? Yes No

Are periodic safety meetings conducted? Yes No

If yes, how Often?

Are all employees required to attend?

No Contract

Letter Agreement

API or IADC Contract

Other

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 is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature of First Named Insured

Title

Date

Signature of Producer

Date