

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 SERVICE 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: \$

What percentage of work is offshore? % What percentage of work is wet or marshland? %

Revision March 17, 2004

OPERATIONS BY CLASSIFICATION

In the spaces provided indicate by placing an (X) mark for the operations the **Applicant** is involved in. Also, provide the **Gross Payroll** and **Gross Receipts** for those operations the applicant is involved in.

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells Servicing by Contractors (13821s / 98161)			
Bleeding or Vending	<input type="checkbox"/>	\$	\$
Blowout Preventor Installation	<input type="checkbox"/>	\$	\$
Casing Packing	<input type="checkbox"/>	\$	\$
Dredging	<input type="checkbox"/>	\$	\$
Fire Fighting	<input type="checkbox"/>	\$	\$
Fishing	<input type="checkbox"/>	\$	\$
Gas Processing	<input type="checkbox"/>	\$	\$
Gas Squeezing	<input type="checkbox"/>	\$	\$
Gas Sweetening	<input type="checkbox"/>	\$	\$
Gauging	<input type="checkbox"/>	\$	\$
Heat Treating	<input type="checkbox"/>	\$	\$
Hot Oil	<input type="checkbox"/>	\$	\$
Hydrostatic Testing	<input type="checkbox"/>	\$	\$
Nipple Up Plumbing	<input type="checkbox"/>	\$	\$
Nitrogen / CO2 Injection	<input type="checkbox"/>	\$	\$
Packer Installation	<input type="checkbox"/>	\$	\$
Painting / Sand Blasting.....	<input type="checkbox"/>	\$	\$
Paraffin Treatment	<input type="checkbox"/>	\$	\$
Pipe Fitting	<input type="checkbox"/>	\$	\$
Pipe Straightening	<input type="checkbox"/>	\$	\$
Pipe Threading / Cutting.....	<input type="checkbox"/>	\$	\$
Pile Drilling	<input type="checkbox"/>	\$	\$
Plumbing	<input type="checkbox"/>	\$	\$
Snubbing	<input type="checkbox"/>	\$	\$
Squeeze Cementing	<input type="checkbox"/>	\$	\$
Squib Shot Workover	<input type="checkbox"/>	\$	\$
Salt Water Disposal	<input type="checkbox"/>	\$	\$
Steam Treating	<input type="checkbox"/>	\$	\$
Surveying	<input type="checkbox"/>	\$	\$
Tool Dressing	<input type="checkbox"/>	\$	\$
Tank Cleaning	<input type="checkbox"/>	\$	\$
Vacuum Truck	<input type="checkbox"/>	\$	\$
Welding	<input type="checkbox"/>	\$	\$
Wireline - Explosive	<input type="checkbox"/>	\$	\$
Wireline - Other	<input type="checkbox"/>	\$	\$
Well Completion	<input type="checkbox"/>	\$	\$
Well Plugging	<input type="checkbox"/>	\$	\$
Workover – Tubing/Pumps	<input type="checkbox"/>	\$	\$

- 1. Number of Hot Oil Units: 2. Number of Vacuum Units:
- 3. Number of Salt Water Hauler Units: 4. Number of Wireline Units:
- 5. Number of Workover Units:
- 6. Painting / Sandblasting: % In Shop % In Field
- 6a. What safety steps are taken for overspray?
- 7. Welding / Cutting: % In Shop % In Field
- 7a. What percentage of the applicant's operations involve welding?
- 7b. Number of years experience as a Welder?
- 7c. What welding industry standards does the applicant operate under?
- 7d. What does the applicant Weld?
- 7e. Does the applicant do any welding on pipelines or containers which have previously, or still carry any flammable liquids or gases?
- 7f. Does the applicant do any "hot tap" work? If yes, who is responsible for closing valves and bleeding pipelines or testing of containers to make sure they are safe for welding operations?
- 7g. Percentage of new construction % vs. repair and/or maintenance %.
- 7h. Any welding over-the-hole? If yes, what percentage of work is over-the-hole? %
- 7i. Does the applicant do any welding in refineries or petrochemical plants?
- 7j. List the companies for which the applicant operates under a contract or agreement to do welding.

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Gas or Oil Lease Work by Contractors - Not Lease Operations (13911s / 98152)			
Backhole / Backfilling	<input type="checkbox"/>	\$	\$
Land Cleaning	<input type="checkbox"/>	\$	\$
Road Building	<input type="checkbox"/>	\$	\$
Levee Construction	<input type="checkbox"/>	\$	\$
Slush Pit Construction	<input type="checkbox"/>	\$	\$
Flowline / Waterline	<input type="checkbox"/>	\$	\$

Lease Beautification \$ \$
 Pump Installation / Service \$ \$
 Other: \$ \$

In addition to Lease Work, does the Applicant do any street or road work for land development, residential development, or commercial development projects? Yes No

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells - Cementing (13861s / 98154)	<input type="checkbox"/>	\$	\$

Number of Cementing Units:

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells - Acidizing (13861s / 98153)	<input type="checkbox"/>	\$	\$

Number of Fracturing / Acidizing Units:

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells Cleaning or Swabbing –			
NOC (13881s / 98155)	<input type="checkbox"/>	\$	\$
In Town (13872 / 98156)	<input type="checkbox"/>	\$	\$

Number of Cleaning / Swabbing Units:

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells - Instrument Logging or			
Survey Work ing Wells (13841 / 98159)	<input type="checkbox"/>	\$	\$

Number of Logging Units:

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells -			
Perforating of Casing (13891s / 98160)	<input type="checkbox"/>	\$	\$

Number of Perforating Units:

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Pipeline Construction (98423 / 98425)			
Interstate	<input type="checkbox"/>	\$	\$
Intrastate	<input type="checkbox"/>	\$	\$

1. What is the annual amount of pipeline constructed that is less than 4 inches in diameter? Miles
2. What is the annual amount of pipeline constructed that is 4-10 inches in diameter? Miles
3. What is the annual amount of pipeline constructed that is more than 10 inches in diameter? Miles
4. What percentage of pipeline that is 'above' ground? %
5. What is the average depth pipeline is below ground? Feet Inches

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Geophysical Exploration (13831 / 95358)			
Seismic (Explosive)		\$	\$

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells Supplies or Equipment Dealers (50871 / 15188)			
New	<input type="checkbox"/>	\$	\$
Used	<input type="checkbox"/>	\$	\$
Mud	<input type="checkbox"/>	\$	\$
Chemicals	<input type="checkbox"/>	\$	\$

REQUIRED INFORMATION:

- **Complete list of products and/or equipment.**
- **Copy of all Material Safety Data Sheets on all chemicals sold.**

1. Does the applicant sell products/equipment as a broker, who does not take possession of the products as products are shipped to the buyer directly by the manufacturer or distributor?
2. Does the applicant modify products/equipment, or repackage any products/equipment with the applicant's own label?

3. If yes, please describe.

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells Supplies or Equipment Rentals (50871 / 15188)			
Rented <u>Without</u> Operators (73913s / 11208)	<input type="checkbox"/>	\$	\$
Rented <u>With</u> Operators (73911s / 11207)	<input type="checkbox"/>	\$	\$

REQUIRED INFORMATION:

- **Complete list of products and/or equipment being rented.**
- **Copy of the Rental Agreement / Rental Contract.**

1. Does the applicant require the renter to provide Certificate of Insurance, with liability limits of \$1,000,000?

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