



- ☐ Additional Insured status for the Applicant on the subcontractor's insurance
- ☐ Certificate of Insurance
- ☐ Subcontractor insurance endorsed to be primary
- ☐ Waiver of Subrogation provisions on subcontractor's insurance
3. Does the Applicant have a signed Master Service Agreement (MSA) on file for each subcontractor before the subcontractor begins work? ☐ Yes ☐ No
- If yes: a. What form of MSA is used? ☐ API ☐ IADC ☐ Other (attach copy)
- b. Describe the MSA guidelines (including if MSA's are required on **all** subcontractors, only subcontractors who perform specific operations, based on expenditure threshold or based on other factors):

4. Indicate the insurance coverage and limits required for subcontractors:

<u>Coverage</u>	<u>Limits</u>
<input type="checkbox"/> Commercial 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	\$

## D. ENGINEERING AND INSPECTION INFORMATION

1. Contract Name:
- Title: \_\_\_\_\_ Phone: \_\_\_\_\_
- Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Does the Applicant have a formal / written safety program? ☐ Yes ☐ No
3. Does the Applicant have a safety director on staff? ☐ Yes ☐ No
4. Are periodic safety meetings conducted? ☐ Yes ☐ No
- If yes: a. How often: \_\_\_\_\_
- b. All are employees required to attend? ☐ Yes ☐ No

## E. OPERATIONS BY CLASSIFICATION

In the spaces provided, indicate by placing an X in the box for all operations the **Applicant** is involved in and provide annual gross payroll and gross receipts for those operations.

<u>Operations</u>	<u>Annual Gross Payroll</u>	<u>Annual Gross Receipts</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	\$	\$

1. Number of rigs owned:
2. Average number of active rigs:

3. Maximum depth of drilling: \_\_\_\_\_ Feet
4. Average depth drilled: \_\_\_\_\_ Feet
5. Any drilling operations over water? ☐ Yes ☐ No  
 If yes: a. Annual Gross Payroll: \$ \_\_\_\_\_ Annual Gross Receipts: \$ \_\_\_\_\_  
 b. Describe type of work over water: \_\_\_\_\_
6. Is the Applicant subject to Department of Transportation regulation? ☐ Yes ☐ No
7. Does the Applicant lease employees from others? ☐ Yes ☐ No
8. Does the Applicant perform employee drug testing? ☐ Yes ☐ No  
 If yes, attach testing program details.
9. Indicate the number of wells drilled in the last year by total depth:  
 0 – 3,000 feet      3,001 – 7,500 feet      7,500 – 12,000 feet      Over 12,000 feet
10. 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      7,500 – 12,000 feet      Over 12,000 feet
11. What percentage of the Applicant's work is contracted as: Footage    %    Daywork    %    Turnkey    %
12. What percentage of the Applicant's work is contracted as follows (total must equal 100%)  
 No contract:    %    Letter agreement:    %    API or IADC:    %  
 Other:    % Describe: \_\_\_\_\_

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### WARRANTY STATEMENT

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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 (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.

**NOTICE TO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**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