
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

_____	_____	_____
_____	_____	_____
_____	_____	_____

D. GENERAL INFORMATION

1. Specify the approximate percentage of services provided for each of the following categories:

Refineries, Gas Plants, Petrochemical Plants: _____ % Environmental: _____ %
Oilfields: _____ % Other (describe): _____ %
Industrial Plants: _____ %

2. Any use of cranes, hoists or riggings? ☐ Yes ☐ No With or without operators? _____

If yes, how many stories? _____

Approximate number of jobs per annum? _____

3. Total personnel (count each person once, by primary function):

Petroleum or General Engineers: _____ Draftsmen/Technicians: _____

Geologists: _____ Clerical Employees: _____

Supervisors/Foremen/Leadmen: _____ Safety: _____

Other (please specify primary function and count per function): _____

4. Is the applicant subject to any of the following? Check all that apply:

☐ Jones Act ☐ Federal Employers' Liability Act ☐ Longshore and Harbor Workers' Compensation Act

5. Engineering and inspection information:

a. Does the applicant have a formal written safety plan? ☐ Yes ☐ No

b. Does the applicant have a safety director on staff? ☐ Yes ☐ No

c. Are periodic safety meetings conducted? ☐ Yes ☐ No

If yes: (1) How often? _____

(2) Are all employees required to attend? ☐ Yes ☐ No

6. Does the applicant sign a contract with clients? ☐ Yes ☐ No

If yes, what type? _____

Does it contain indemnification and/or hold harmless wording? ☐ Yes ☐ No

Is the indemnification and/or hold harmless wording mutual or does it favor one party over the other?

If the indemnification and/or hold harmless wording favors one party over another, who does it favor?

7. Does the applicant carry Workers' Compensation insurance in compliance with the applicable state Workers' Compensation Act? ☐ Yes ☐ No

E. EXPIRING LIABILITY CARRIER INFORMATION

(Complete in the absence of an Acord 125)

Coverage Form	Limits Of Liability	Deductible/SIR	Carrier	Premium
Commercial General Liability	\$ _____	\$ _____	_____	\$ _____
Maritime Employers' Liability	\$ _____	\$ _____	_____	\$ _____
Employers' Liability	\$ _____	\$ _____	_____	\$ _____
Automobile Liability	\$ _____	\$ _____	_____	\$ _____

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

1. 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:

2. 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

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

2. 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

1. Does the applicant ever work with subcontractors? ☐ Yes ☐ No

If yes, what percentage of the applicant's work is performed by subcontractors? _____%

2. Are all subcontractors licensed and certified? ☐ Yes ☐ No

3. 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:	\$ _____	<input type="checkbox"/> None
<input type="checkbox"/> Blanket Contractual	<input type="checkbox"/> Products/Completed Operations	<input type="checkbox"/> Underground Resources
Contractor's Pollution Liability:	\$ _____	<input type="checkbox"/> None
Auto Liability:	\$ _____	<input type="checkbox"/> None
Employers' Liability:	\$ _____	<input type="checkbox"/> None
Umbrella/Excess Liability:	\$ _____	<input type="checkbox"/> None
Professional Liability (E&O):	\$ _____	<input type="checkbox"/> 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**

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 ☐ NoIf yes: **(1)** What form of MSA is ☐ API ☐ IADC ☐ Other (attach copy) used?**(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.

Operations:

Annual Gross Payroll

Annual Gross Revenues

<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 ☐ AOOSC ☐ 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