



OIL & GAS CONTRACTORS AND CONSULTANTS APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: For certain policies and coverage parts 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. Qualification including resumes, 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, if applicable.
4. Completed Acord Application.

A. APPLICANT INFORMATION		
Applicant:		Date:
Address:		
City:	State:	Zip Code: Phone:
Company is an: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ <i>(please describe)</i>		
B. REQUESTED COVERAGE		
1. Coverage Requested: <i>(please clearly state what coverage(s) You are requesting)</i> <input type="checkbox"/> New Business <input type="checkbox"/> Renewal <input type="checkbox"/> Commercial General Liability (<input type="checkbox"/> Occurrence, or <input type="checkbox"/> Claims Made) <input type="checkbox"/> Contractors Pollution Liability (<input type="checkbox"/> Occurrence, or <input type="checkbox"/> Claims Made) <input type="checkbox"/> Professional Liability (Claims Made Only) <input type="checkbox"/> Environmental Impairment Liability (Claims Made Only)		2. Proposed Effective Date: _____ Proposed Retroactive Date: _____ 3. Limits of Liability/Deductible: Limits Requested: _____ Deductible Requested: _____ Other Coverages and Endorsements: _____
C. HISTORY OF COMPANY		
1. Date Company Was Established: _____	4. Is the Applicant, or any affiliated, related predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? If yes, please provide an explanation in the area below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is work done through or by any affiliated or related company(s)? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Has the Applicant, or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? If yes, please provide an explanation in the area below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the Applicant, or any affiliated, related predecessor entity currently involved with sharing office space, use of employees or commingling of affiliated or related operations or services of any kind? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No		

6. Is the Applicant a successor of any other business? If yes, please list predecessor in the area below. <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	7. Has the Applicant, or any affiliated, related predecessor entity or any officer or owner ever been convicted of a crime? If yes, please provide an explanation in the area below. <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
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8. If You answered "Yes" to any of the questions listed above, please include a detailed explanation:

D. PRIOR LIABILITY CARRIER INFORMATION (Past two years)

1. Coverage Form	2. Carrier	3. Receipts	4. Limit of Liability	5. Deductible	6. Type of Policy	7. Premium

8. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years? Yes No

If yes, please explain: _____

9. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No

If yes, please provide full details on each incident:

10. Is the applicant aware of any circumstance, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member and/or has any claim, suit, or notice of incident been made against the firm or any staff member? Yes No

If yes, please provide full details on each incident:

E. GROSS RECEIPTS

1. 1st Prior Year: \$ _____ 3. 3rd Prior Year: \$ _____
 2. 2nd Prior Year: \$ _____ 4. 4th Prior Year: \$ _____

Note: Gross Receipts are the total of all receipts, invoices and/or billing without any deductions of any kind. Please list Your estimated receipts **including subcontracted work** for the next 12 months next to the appropriate category. List services not described below under "Other" (please be specific):

Above Ground Storage Tank Installation	\$	Plant Turnaround/Maintenance	\$
Analytical Laboratories	\$	Project Management	\$
Electrical	\$	Reservoir Engineering	\$
Gauger/Pumper	\$	Safety Training	\$
Geophysical	\$	Saltwater Injection/Disposal	\$
Hotwork/Welding	\$	Saltwater/Freshwater Hauling	\$
Machine Shop Services	\$	Seismic Surveys	\$
Metal Fabrication	\$	Site Preparation	\$
Mud Service	\$	Soil Removal/Remediation	\$
Oilfield Product Manufacturing - New	\$	Tank &/or Pipe Cleaning	\$
Oilfield Product Remanufacture	\$	Vacuum Services	\$
Oilfield Equipment Rental	\$	Valve/Pump Installation/Maintenance	\$
Oilfield Equipment Sales/Distribution	\$	Well Completion	\$
Painting/Sand Blasting	\$	Well Design	\$
Pipeline Construction	\$	Well Drilling	\$
Pipeline Inspection	\$	Well Plugging and Abandonment	\$
Pipeline Maintenance	\$	Well Workover	\$
Other – Contracting			
Describe:	\$	Describe:	\$
Describe:	\$	Describe:	\$
Total Projected Gross Receipts:	\$		

F. SUBCONTRACTED SERVICES

1. Please identify the services that are subcontracted:	2. Applicable Cost:
Description:	\$
Description:	\$
Description:	\$

G. GENERAL INFORMATION

1. What percentage of Applicant's work is over water (including marshes, bays, inland waters & offshore) _____%

2. Explain any projects that are over water.

3. Who is responsible for transportation to offshore worksites? _____

4. What percentage of Applicant's work is from boats, docks or barges? _____%

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

a. Refineries, Gas Plants, Petrochemical Plants _____%	d. Over Water _____%
b. Oilfield _____%	e. Environmental _____%
c. Industrial Plants _____%	f. Other _____%

6. Any use of cranes, hoists, or riggings? Yes No
 If so, how many stories? _____

7. Total personnel (List each person once, by primary function):

- a.) Petroleum or General Engineers _____
- b.) Geologists _____
- c.) Supervisors/ Foremen/ Leadmen _____
- d.) Draftsmen/ Technicians _____
- e.) Clerical Employees _____
- f.) Safety _____
- g.) Other (please specify primary function and count per function): _____

8. Is the Applicant subject to any of the following: Check all that apply:
 Jones Act Federal Employers' Liability Act Longshoremen's and Harbor Workers Act

9. Does the Applicant have a formal/written safety plan? Yes No

H. PRODUCTS INFORMATION

Description of Manufacturing Operations:	
Manufacturing of Product to Applicant's specifications	_____%
Manufacturing of Product to customer specifications	_____%
Manufactured/processed by third parties	_____%
Remanufactured Product	_____%
Remanufactured Product certified by third parties	<input type="checkbox"/> Yes <input type="checkbox"/> No

I. CONTRACTOR/CONSULTANT LIABILITY

1. Does Applicant manage or supervise any subcontractor at any projects or worksite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does Applicant sign contracts or work orders with subcontractors on the client's behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any subcontractors hired without a written contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is Applicant named as an Additional Insured on the subcontractor's policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does Applicant obtain a Waiver of Subrogation from Your subcontractor's insurance carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are subcontractors required to carry equal or greater limits than the Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does Applicant require subcontractors to sign a Master Service Agreement (MSA) with you before You hire them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does Applicant sign a contract with Your clients? If "yes", what type? _____ Does it contain indemnification and/or "hold harmless" wording? Is the indemnification and "hold harmless" wording mutual or does it favor one party over the other?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

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

J. PLEASE CHECK BELOW WHAT BEST DESCRIBES YOUR SERVICES:

As a consultant, I contract with well operators or owners for gathering, researching or analyzing information which may include observing various operations or reviewing reports for recommendations to be made that relate to oil and gas production or exploration. I cannot oversee, instruct, direct, supervise nor have any involvement in any work or operations that occur or may occur at any site.

As a consultant, I contract with well operators or owners to oversee instruct, direct, supervise or assist them in work or operations at well or lease sites where oil or gas production or exploration is done. I have authorization obtained from well operators or owners to use my judgment relating to work or activities at the various sites which may include hiring subcontractors and advising personnel regarding their work or activities. I may amend or restrict operations based on my judgment in order to complete any work or site activities. I may have the responsibility to report work progress or lack of progress to well operators or owners.

FRAUD WARNING: APPLICABLE TO ALL 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 (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 false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature: _____

Print Name: _____

Title: _____

Date: _____