



Worldwide Facilities, Inc.

ENERGY APPLICATION FORM

GENERAL INFORMATION

- 1. Applicant Name:
2. Is Applicant: Individual Corporation Partnership Joint Venture Other
3. Other Applicants (If any, please explain relationship):
4. Mailing Address:
Physical Address:
Website Address:
5. Number of years in business:
6. Has the applicant ever been engaged in this or similar enterprises under a different name?
7. Proposed policy period: to

Please check the coverage options requested and complete those sections of this application.

- Control of Well
Oil and Gas Lease Property
General Liability (Operator/Non-Operator)
Umbrella Supplement
Hired and Non-Owned Auto Supplement
Employee Benefit Plans Administration Liability

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THE POLICY IS ISSUED AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE: _____

DATE: _____

GENERAL LIABILITY – OPERATOR / NON-OPERATOR

1. Applicant is (check all that apply):

- An investor owning a non-operating working interest in oil and/or gas wells.
- An operator of record managing lease operations for working interest owners.
- An operator of record that utilizes a contract lease operator.
- A lease operator by contract who does not have a working interest in the wells.
- A lease operator by contract with a working interest in the wells.
- An operator or non-operator of gas plant(s) or co-generation plant(s).
- An operator or non-operator of pipeline(s) other than gathering lines.
- A drilling contractor

2. Number of Employees:

3. Gross Payroll:

4. Estimated Annual Gross Revenue:

5. Five Year General Liability Account History:

POLICY PERIOD	CARRIER	ANNUAL PREMIUM

6. Loss Record (last five years, insured and uninsured):

Please provide description of all losses including number of losses and incurred amount (including defense or loss adjustment expenses)

7. Has any carrier cancelled or non-renewed the applicant’s liability insurance?

Yes No

If yes, please explain:

8. Has the applicant ever been sued or has any claim been made against it other than those described above?

Yes No

If yes, please explain:

9. Is the applicant aware of any incidents or circumstances involving or rising out of the applicant’s products or operations which are likely to result in a claim against the applicant?

Yes No

If yes, please explain:

10. Safety Information:

- a. Applicant has regularly scheduled safety meetings: Yes No
- b. Applicant has drug testing program is in place: Yes No
- c. Applicant has regular equipment maintenance program is in place: Yes No
- d. Applicant has Motor Vehicle Reports (MVR) ordered on all drivers: Yes No

Name and title of person to contact for safety inspections:

Telephone number:

Email Address:

11. Is applicant involved with lease operations? Yes No

If yes:

- a. Please attach a schedule of wells.
- b. How many wells are located in water (ocean, gulf, marsh, bay)?
Please provide details:
- c. How many wells are located in towns or cities? Please provide details of specific location and distance to the nearest occupied area:
- d. How are drilling operations contracted?
Turnkey
Daywork
Footage
IADC
API
Other
- e. How many wells has applicant had drilled by sub-contractors within the past twelve months?

12. Does the applicant(s) have any operations that are not oil/gas related? Yes No
If yes, please explain:

13. What deductible or self-insured retention does the applicant request?

14. If the expiring CGL contained a retroactive date, what is the date and coverage?

15. What Control of Well limits does the applicant carry? _____

- a. Does the applicant's Control of Well policy include pollution coverage? Yes No
- b. Does it cover all drilling wells? Yes No
- c. Does it cover all other wells in which the applicant has an interest? Yes No

16. Provide details of any contracts whereby applicant indemnify or hold another entity harmless.
Attach sample contract.

- 17. Provide details of any work subcontracted by applicant including work performed and certificates of insurance required.
- 18. Please provide details of any over water exposure: (over water includes, but is not limited to oceans, gulfs, marshes, swamplands)
None
- 19. Please provide details of any owned, leased or hired watercraft, docks or floats.
- 20. Please provide details of any owned, leased or hired mobile equipment.

OPERATOR (complete this section only if it pertains to your operations):

- 1. How many years experience as an operator?
- 2. Does the applicant lease employees? Yes No
If yes, please explain.
- 3. Does the applicant require Stop Gap Coverage? Yes No
If yes, list states and payroll amount for each:
- 4. What limits are required of drilling and workover contractors?
CGL/Excess Liability (including contractual) \$ _____ Control of Well \$ _____
- 5. Does the applicant maintain an approved contractor list? Yes No
- 6. How are servicing operations contracted by the applicant?
 - a. Master Service Agreements are used Usually Seldom Never
 - b. Well Service Contracts are used Usually Seldom Never
 - c. Job Order/Purchase Orders are used Usually Seldom Never
- 7. Does the applicant's servicing contract contain the following?
 - a. Contractors are required to carry CGL, including Contractual Liability, with limits of at least \$1,000,000. Yes No
 - b. Mutual Indemnity (hold harmless) agreements. Yes No
 - c. Contractors are required to include the applicant as an Additional Insured. Yes No
 - d. Contractors are required to provide Waivers of Subrogation. Yes No
- 8. Does the applicant keep a copy of the contractors Certificates of Insurance on file? Yes No
- 9. Does the applicant own any geophysical exploration or well-servicing mobile equipment that is not covered under their automobile liability policy? Yes No

10. Summary of estimated number of Operated wells to be drilled during the policy period:

NUMBER OF WELLS			
	Land	Wet	Offshore
0 - 5,000'			
5,001 - 10,000'			
10,001 - 15,000'			
15,001 - Deeper			

11. Summary of all other Operated wells except wells that have been permanently plugged & abandoned:

NUMBER OF WELLS			
	Land	Wet	Offshore
0 - 5,000'			
5,001 - 10,000'			
10,001 - 15,000'			
15,001 - Deeper			

12. Number of existing wells with new producing zones opened/to be opened:

13. Number of plugged or abandoned wells being opened/to be opened:

14. Does the applicant supply house gas or gas for other buildings (taps)? Yes No

15. If the Applicant is involved with multi-stage hydraulic fracturing (fracing) operations, please answer the following questions: (if answers vary per location, region or field, please elaborate):

a. Does the Applicant require that only U.S. or European manufactured steel is used? Yes No

b. Does the Applicant require that cement is run high enough to cover all potentially productive and/or corrosive formations? Yes No

c. Does the Applicant require that water delivered to the well site to be used for fracing is tested? Yes No

If yes, who is responsible for testing and record keeping?

If no, what is the applicant's procedure in this respect?

d. Does the Applicant required pre-drilling and post drilling testing of the underground source of drinking water? Yes No

e. How does the Applicant dispose of recovered frac fluids? Recycle, disposal well, treatment plant or other?

f. What is the maximum pressure (as a percentage of the burst specification of the casing) does the Applicant allow?

g. When designing the casing program, does the Applicant give consideration to cycling due to multi-stage fracs? Yes No

h. Is the Applicant conducting any through-tubing frac jobs? Yes No

If yes, is an isolation tool used to protect the tree? Yes No

16. Does the applicant maintain, own, operate or have a non-operating interest in:

- a. Gas processing or sweetening facilities (plants) that primarily service third party wells?
Yes No
- b. Gas gathering systems, flow lines and/or pipelines that primarily service third party wells?
Yes No

If yes, how many systems?

How many total miles?

c. Production platforms, well head protectors, etc.? Yes No

d. Injection or disposal wells? Yes No

If yes, are any injection or disposal wells open for third party use? Yes No

17. Hydrogen Sulphide (H2S) – *if applicable*

- a. Number of producing wells or wells to be drilled that have, or are planned to have, H2S levels of 10 parts per million or more:
- b. How close to the nearest residence or building?
- c. Are there Gas Detection Systems on wells inside city limits?

18. Other wells:

- a. Are wells adequately fenced? Yes No
- b. Are tank batteries diked? Yes No
- c. Are any tanks made of non-conductive materials (e.g. plastic, fiberglass)? Yes No
- d. Do all tanks have lightening protection meeting API/NFPA standards? Yes No

Non-operator (complete this section only if it pertains to your operations):

- 1. Does the operator’s CGL include applicant as an Additional Insured? Yes No
- 2. Are Certificates of Insurance obtained from the operator? Yes No
- 3. Summary of Non-Operated wells:

Working Interest	Estimated wells to be drilled			All other wells (except those that are permanently P&A)		
	Land	Wet	Offshore	Land	Wet	Offshore
0 – 10%						
11 – 25%						
26 – 50%						
51% - plus						

UMBRELLA SUPPLEMENT:

1. Limit of liability required: _____ / Alternate limit: _____
2. Expiring Carrier: _____
3. Expiring Premium: _____
4. Does the applicant have any owned watercraft? Yes No
If yes, attach a schedule including type of watercraft and length.
5. Does the applicant have any owned aircraft? Yes No
If yes, attach a schedule including type of aircraft and number of seats.
6. If the expiring policy contains a retroactive date, what is the date and coverage?
7. Loss Record (last five years, insured and uninsured):
Please attach descriptions of all losses
8. Anticipated underlying information:

COVERAGE	CARRIER	POLICY PERIOD	LIMITS	ANNUAL PREMIUM

9. Has the applicant had any losses in excess of \$10,000 for any of the underlying to be scheduled?
 Yes No
If yes, please attach description of all losses in excess of \$10,000.
10. If the applicant has Maritime Employers Liability scheduled above, what is the estimated overwater payroll?

11. Vehicles:

Type	Owned/Leased	Hired/Non-owned	Radius		
			0 - 50 miles	50 - 200 miles	over 200 miles
Private Passenger					
Light Truck					
Medium Truck					
Heavy Truck					
Ex. Heavy Truck					
Semi-Truck					
Trailers					

12. Please attach your audited financial statement.