

A. APPLICANT

1. Insured Name: _____
2. Is Named Insured status requested for any other entities? YES NO
3. Do any requested Named Insureds have subsidiary, related, or affiliated companies which are not not stated in 1. or 2. above? YES NO
(If yes attach name and operation of each.) _____
4. Do you have a formal company safety program? YES NO
If yes, who administers? _____
5. Do you hold regular safety meetings? YES NO
Meeting frequency? _____
6. Are you subject to Dept. of Transportation regulation? YES NO
7. What is your annual employee turnover? _____%
8. What is the average length of employment for your: Toolpushers? _____ Drillers? _____
9. Do you lease any employees from others? YES NO
10. Do you perform employee drug/alcohol testing? YES NO
If yes, attach testing program details.

B. OPERATIONS INFORMATION

1. What is your: Total number of rigs? _____ Average number of rigs running? _____
2. Indicate number of wells drilled in *last year* by total depth:
 0' - 3000' _____ 3001' - 7500' _____
 7501' - 12000' _____ over 12000' _____
3. Indicate number of wells expected to be drilled in coming year by total depth:
 0' - 3000' _____ 3001' - 7500' _____
 7501' - 12000' _____ over 12000' _____
4. What percentage of your work is contracted as: footage _____
5. What percentage of your work is contracted as indicated below? (total = 100%)
 no contract _____ letter agreement _____ API or IADC contract _____ other _____
 *attach samples of any non-API and non-IADC contracts used

6. Do you perform, or sub-out to others, any operations at “wet” locations? YES NO
 If yes, describe below. (Wet locations are any in, over or upon any watercourse, body of water, bog, marsh, swamp or wetland.) _____

C. SUBCONTRACTOR INFORMATION

1. Indicate below the operations you typically subcontract out:
 cementing electrical instrument logging
 mechanical mud logging rat-hole drilling
 rig erection & dismantling rig moving running casing
 site preparation welding wire-line services
 other (describe) _____

2. Indicate which of the following you require of your **SUBCONTRACTORS**:
 Certificate of Insurance
 Additional Insured status for yourself on subcontractor’s insurance
 Waiver of subrogation provisions on subcontractor’s insurance
 Subcontractor insurance endorsed to be primary
3. Do you require subcontractors to have a Master Service Agreement (MSA) completed and on-file in your office before they begin work for you? YES NO
 a. If “Yes” what form of MSA do you use? API IADC Other (attach)
 b. If “Yes”, describe your company MSA guidelines: do you require MSA’s from all subs? only from subs who perform specific operations? based on expenditure threshold? based on other factors?

4. Indicate the insurance coverages and limits you require for subcontractors?
- | Coverages | Limits Required |
|--|-----------------|
| <input type="checkbox"/> 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 | _____ |

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 thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature for First Named Insured
(May not be signed by Producer)

Title

Date

Submitted by:

Producer

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 ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.