

**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.) \_\_\_\_\_

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### C. SUBCONTRACTOR INFORMATION

1. Indicate below the operations you typically subcontract 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"/> wire-line services
<input type="checkbox"/> 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?

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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.**