



Applicant/Business Name: _____

Mailing Address: _____

Website: _____

Requested effective date: _____ Requested expiration date: _____

1. Years in business: _____ Years of experience: _____

Describe relevant work history:

2. Narrative description of operations:

Select which best fits your operation: Office/Laboratory On-Site (no drilling) On-Site (with drilling)





3. Annual receipts, including sub-consulting fees

Projected this year: \$ _____
Last year: \$ _____
Previous year: \$ _____

4. Annual payroll for 1099 and W-2 employees

Projected this year: \$ _____
Last year: \$ _____
Previous year: \$ _____

5. Number of employees: _____ Number of 1099 subcontractors: _____ (provide a contract sample)

6. Describe your employees and/or your 1099 subcontractors qualifications/certifications:

7. Are 1099 subcontractors required to carry their own insurance? Yes No

8. Do you have contracts in place with your 1099 subcontractors? Yes No Do not have 1099s on staff

If yes, please answer the following:

- Certificates required are on file? Yes No
- Are you named as an additional insured? Yes No
- Are waivers of subrogation required? Yes No
- Do the subcontractors have equal insurance? Yes No
- Are contracts with mutual hold harmless agreements used? Yes (provide a contract sample) No

9. Do you sign a Master Service Agreement? Yes No

If yes, does it include mutual indemnification and/or hold harmless wording? Yes No

If yes, does the mutual indemnification apply to both CGL and PL? Yes No

Are contracts with mutual hold harmless agreements used? Yes No

10. Percentage of time: On-Site (No hands-On Work): _____ % Office: _____ % Hands-On Work: _____ %

If applicable, describe what the Hands-On Work entails:

11. Consulting and Engineering Services

Do you have direct control and authority over the contractors on site? Yes No

Do you have the ability to dictate and control the daily well-site activities? Yes No

Do you have the ability to hire, fire, select, or control the contractors and their operations? Yes No

Are you strictly on site to observe the operations and report back to project owner? Yes No



12. Provide percentage of operation for the following classifications:

Operation	Percentage of Operation	Operation	Percentage of Operation
Drilling Consultants	%	Pipeline Consulting/Inspection	%
Environmental Consultants	%	Production Consultants	%
Gatekeeper	%	Project Management	%
Geophysical/Geoscientist	%	Seismic Surveys	%
Health & Safety Services	%	Testing Consultants	%
Land Men	%	Work Over Consultants	%
Logistics Consultants	%	Well Completion Consultants	%
Mud Men/Mud Loggers	%	Well Design	%
Perforating	%	Other (<i>see below</i>)	%

If Other, please describe: _____

13. What percentage of your work is Oil and Gas? _____ %

a. If not 100%, what other industry do you work in? _____

14. Offshore/Over-Water Operations

- a. Percentage of operations: _____ %
- b. Average number of days per month offshore: _____
- c. Maximum number of days per month offshore: _____
- d. Who is responsible for transportation to and from site? _____

15. International Exposure

- a. Percentage of work in the United States: _____ %
 - b. Percentage of work in Canada: _____ %
 - c. Percentage of work in other countries: _____ %
- List countries: _____

16. General Liability Coverage Requested at \$1MM Occurrence? Yes No

17. Professional Liability Coverage Requested at \$1MM Claims Made? Yes No

a. What is the retroactive date of the policy? _____

18. Hired and Non-Owned Auto Coverage Requested? Yes No

Is Stop Gap Employers Liability requested? Yes No If yes, select state(s): ND OH WA WY

19. Umbrella/Excess Coverage Requested: Yes No

If yes, what are the limits being requested? _____





20. Underlying Insurance

Auto Liability in force? Yes No

Carrier	Effective Date	Expiration Date	Limits

Number of power units, titled to the applicant, by weight class:

Light _____ Medium _____ Heavy _____ Extra Heavy _____ Extra Heavy Truck Tractor _____

Are all trucks 10,000 lbs. gross vehicle weight or less? Yes No

Employers Liability in force? Yes No

Carrier	Effective Date	Expiration Date	Limits

Has any claim been made or legal action been brought in the past five years (or made earlier with the action still pending) against the Applicant, its predecessors, or any part or current principal partners, officer or director of the Applicant? Yes No

If yes, please give full details or attach a separate page if preferred.

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 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.

Named Insured Signature

Date

Producing Agent Signature

Date