



Innovation  
Growth  
Partners

# Oilfield Pumper/Gauger Questionnaire

IGP Specialty | 14241 Dallas Parkway, Suite 850 | Dallas, Texas 75254



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:





**3. Annual receipts**

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. Pumper/Gauger Services**

Do you perform any testing on BOPs?  Yes  No

Do you perform any service and/or repair of equipment on lease sites?  Yes  No

Are all services post-Completion activities?  Yes  No

**11. What percentage of your work is Oil and Gas?** \_\_\_\_\_ %

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





**12. 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? \_\_\_\_\_

**13. 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: \_\_\_\_\_

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

**15. 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

**16. Umbrella/Excess Coverage Requested:**  Yes  No

If yes, what are the limits being requested? \_\_\_\_\_

**17. 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, it 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**

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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.**

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Named Insured Signature

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Date

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Producing Agent Signature

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Date