

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

NOTICE: For certain policies and coverage forms issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Qualification including resumes, brochures, and a listing of previous projects
2. Most recent income statement and balance sheet
3. Five years of currently valued loss runs including pollution and professional, if applicable
4. Completed ACORD application

A. APPLICANT INFORMATION

Applicant Name: _____ Date: _____

Inspection Contact Name: _____ Title: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Company Website URL: _____ D&B Number: _____

Form of Business: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other (describe): _____

1. Class of business:

- ☐ Consulting and Engineering Services **(complete section K below)**
- ☐ Drilling Contractors **(complete section L below)**
- ☐ Lease Operator/Non-Operator **(complete section M below)**
- ☐ Pipeline Operator **(complete section N below)**
- ☐ Service Contractor **(complete section O below)**

2. If there is more than one proposed Named Insured, list each and provide percentage of ownership:

3. How long has the Applicant been in business? _____

4. How many years of experience in the industry? _____

5. Is the Applicant a successor of any other business? ☐ Yes ☐ No

6. Is the Applicant directly or indirectly controlled, owned, or otherwise managed by another party? ☐ Yes ☐ No

7. Does the Applicant directly or indirectly control, own, or otherwise manage any other entity? ☐ Yes ☐ No

8. Does the Applicant, or any affiliated, related predecessor entity, currently share office space or use of employees, or co-mingle with affiliated or related operations of any kind? ☐ Yes ☐ No

9. Is work done for the Applicant through or by any affiliated or related company(s)? ☐ Yes ☐ No

If yes to any of the questions listed above, please include a detailed explanation:

10. Other Entities—Please provide the following information for any other entities that are to be included:

Legal Name	Ownership Percent	Operations/Services Provided
	%	
	%	
	%	
	%	

B. GROSS ANNUAL REVENUE *

*Gross Annual Revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

1. Estimated Gross Annual Revenue for upcoming 12 month period:

Domestic: \$ _____

Foreign: \$ _____

2. Please list Applicant's Total Gross Annual Revenues for the preceding 3 years.

First Prior Year: Domestic: \$ _____ Foreign: \$ _____

Second Prior Year: Domestic: \$ _____ Foreign: \$ _____

Third Prior Year: Domestic: \$ _____ Foreign: \$ _____

3. What percentage of the time does Applicant work without a written contract? %

4. Does the Applicant directly or indirectly perform work on residential properties? ☐ Yes ☐ No

If yes, what percentage of the Applicant's overall revenue is associated with residential work? _____ %

C. SUBCONTRACTORS

1. Does Applicant ever work with subcontractors? ☐ Yes ☐ No

2. Are all subcontractors licensed and accredited? ☐ Yes ☐ No

3. Does Applicant maintain current certificates of insurance from all subcontractors? ☐ Yes ☐ No

If yes, where are they kept on file? _____

4. Please indicate the minimum insurance coverages that Applicant requires subcontractors to carry:

Coverage	Limits
Commercial General Liability: <input type="checkbox"/> Blanket Commercial <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Underground Resources	\$ _____ <input type="checkbox"/> None
Contractors Pollution Liability	\$ _____ <input type="checkbox"/> None
Employers Liability	\$ _____ <input type="checkbox"/> None
Umbrella/Excess Liability	\$ _____ <input type="checkbox"/> None
Auto Liability	\$ _____ <input type="checkbox"/> None
Professional Liability (E&O)	\$ _____ <input type="checkbox"/> None
Other:	\$ _____ <input type="checkbox"/> None



5. Is Applicant named as an Additional Insured on the subcontractors' policies? ☐ Yes ☐ No
6. Does Applicant obtain a Waiver of Subrogation from subcontractors' insurance carriers? ☐ Yes ☐ No
7. Is subcontractor's insurance endorsed to be primary over Applicant's insurance? ☐ Yes ☐ No
8. Is a standard written contract used with Applicant's subcontractors? ☐ Yes ☐ No
9. Does that contract include Hold Harmless and Limitation of Liability clauses in Applicant's favor? ☐ Yes ☐ No
- Applicant does not use any subcontractors:** ☐ Agree

D. GENERAL INFORMATION

1. Specify the approximate percentage of services provided for each of the following categories:
 Refineries, Gas Plants, Petrochemical Plants: _____ % Environmental: _____ %
 Oilfields: _____ % Industrial Plants: _____ %
 Other (describe) _____ : _____ %
2. Any use of cranes, hoists or riggings? ☐ Yes ☐ No
 If yes, how many stories? _____
 With or without operators? ☐ With ☐ Without
 Approximate number of jobs per annum? _____
3. Total personnel (count each person once, by primary function):
 Petroleum or General Engineers: _____ Draftsmen/Technicians: _____
 Geologists: _____ Clerical Employees: _____
 Supervisors/Foremen/Leadmen: _____ Safety: _____
 Other (please specify primary function and count per function): _____
4. Is the Applicant subject to any of the following? Check all that apply:
☐ Jones Act ☐ Federal Employers' Liability Act ☐ Longshoremen's and Harbor Workers Act
5. Engineering and inspection information:
 a. Does the Applicant have a formal/written safety plan? ☐ Yes ☐ No
 b. Does the Applicant have a safety director on staff? ☐ Yes ☐ No
 c. Are periodic safety meetings conducted? ☐ Yes ☐ No
 If yes, how often? _____ Are all employees required to attend? ☐ Yes ☐ No
6. Does Applicant sign a contract with clients? ☐ Yes ☐ No
 If yes, what type? _____
 Does it contain indemnification and/or hold harmless wording? ☐ Yes ☐ No
 Is the indemnification and/or hold harmless wording mutual or does it favor one party over the other? _____
 If the indemnification and/or hold harmless wording favors one party over another, whom does it favor? _____

E. U.S.A. AND CANADA EXPOSURES

1. Please list all States/Provinces in which Applicant works or plans to work:
2. Are any of the Applicant's revenues generated by contracting services performed in New York City? ☐ Yes ☐ No
If yes, what percentage of the Applicant's overall sales is associated with this operation? _____ %

F. INTERNATIONAL EXPOSURES

1. What percentage of Applicant's work is outside the USA or Canada? _____ % Value: \$ _____
2. Please list all countries Applicant works in or plans to work in:
3. Please list services performed in the above countries:

Applicant does not perform any work or services outside the USA or Canada: ☐ Agree

G. OFFSHORE AND OVER WATER EXPOSURES

1. What percentage of Applicant's work is over water (including marshes, bays, inland waters and offshore)? _____ %
2. How often does Applicant or Applicant's employees work offshore/overwater? Choose **one** of the following:
Average number of days per month: _____ **or** Maximum number of days per annum: _____
3. Does Applicant or Applicant's employees stay offshore/overwater? ☐ Yes ☐ No **If yes, choose one** of the following:
Average number of days per month: _____ **or** Maximum number of days per annum: _____
4. Describe a typical offshore/over water project, including services performed and project duration:

5. Number of employees offshore at any one time: _____

Number of Professional Staff: _____

Number of Labor/Technicians: _____

6. Who is responsible for transportation to offshore worksites? _____

7. What percentage of Applicant's work is from boats, docks or barges? _____ %

Applicant does not perform any work or services that requires working over water or offshore: ☐ Agree

H. EXPIRING LIABILITY CARRIER INFORMATION (Complete in the absence of an ISO ACORD 125)

Coverage Form	Limits of Liability	Deductible/SIR	Carrier	Premium
Commercial General Liability	\$ _____	\$ _____	_____	\$ _____
Maritime Employers' Liability	\$ _____	\$ _____	_____	\$ _____
Employers' Liability	\$ _____	\$ _____	_____	\$ _____
Automobile Liability	\$ _____	\$ _____	_____	\$ _____
Professional Liability	\$ _____	\$ _____	_____	\$ _____
Umbrella/Excess/Liability	\$ _____	\$ _____	_____	\$ _____
Other Liability (please describe): _____	\$ _____	\$ _____	_____	\$ _____

Has any policy or coverage been declined, cancelled and/or non-renewed during the prior five years? ☐ Yes ☐ No **If yes, please explain:**

I. CLAIMS AND LOSSES INFORMATION

1. Has any claim, suit or notice of incident been made against the firm, subsidiary or related entity or any staff member? ☐ Yes ☐ No

If yes, please provide full details on each incident:

2. Is the Applicant aware of any circumstance which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff members? ☐ Yes ☐ No

If yes, please provide full details on each incident:

J. REQUESTED COVERAGE

- ☐ New Business ☐ Renewal Proposed Effective Date: _____
- ☐ Commercial General Liability (☐ Occurrence or ☐ Claims Made) Proposed Retroactive Date: _____
- ☐ Contractors Pollution Liability (☐ Occurrence or ☐ Claims Made)
- ☐ Professional Liability (Claims Made Only)
- ☐ Environmental Impairment Liability (Claims Made Only)
- ☐ Other Liability (please describe):

- ☐ Other Liability (please describe):

K. CONSULTING AND ENGINEERING SERVICES *(Complete only if Applicant is involved in Consulting or Engineering services)*

1. Which of the following most accurately describes the majority of the Applicant's business? **Choose one only.**
- a. Other than observe and report:
- ☐ Involved with direct supervision, control or oversight of rig or rig personnel
 - ☐ May include ability to stop work, engage, hire, fire, select or otherwise control the jobsite
 - ☐ Acts as project manager or controller on behalf of owner
 - ☐ Provides Health and Safety consulting or training
- b. Observe and report only:
- ☐ Consultants without any direct supervision or oversight of rig or rig personnel
 - ☐ Not involved in actual drilling, exploration, completion, work over or production services
 - ☐ No ability to stop work, engage, hire, fire, select or otherwise control the jobsite
 - ☐ Strictly observe and report basis, reporting to project owner
- c. Specialist service provider:
- ☐ Provides onsite services and/or direct supervision of a specialized service that is either over the hole or down hole
 - ☐ Specialized services including Production; Perforating/Completion; Drilling and/or Directional Drilling; Work Over; Mud Men/Mud Loggers

2. Subcontractors/Subconsultants:

- a. Does Applicant manage or supervise subcontractors or subconsultants at any project or worksite? ☐ Yes ☐ No
- b. Does Applicant sign contracts/work orders with subcontracts/subconsultants on the client's behalf? ☐ Yes ☐ No
- c. Are any subcontractors/subconsultants hired without written contract? ☐ Yes ☐ No
- d. Does Applicant require subcontractors/subconsultants to sign a contract before hiring them? ☐ Yes ☐ No

3. Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf.

Consulting And Engineering Classifications	Percent Performed by Applicant	Percent Performed by Subs
Drilling and Directional Drilling Consultants	%	%
Geophysical	%	%
Mud Men/Mud Loggers	%	%
Perforating/Completion Consultants	%	%
Pipeline Consulting/Inspection on land	%	%
Pipeline Consulting/Inspection over water	%	%
Production Consultants	%	%
Project Management, including Health and Safety	%	%
Project Management, without Health and Safety	%	%
Reserve Engineering	%	%
Reserve Modeling Consultants	%	%
Rig Mobilization Consultants	%	%
Seismic Surveys	%	%
Well Design	%	%
Workplace Health and Safety Training	%	%
Work Over Consultants	%	%
Other (describe):	%	%

L. DRILLING CONTRACTORS *(Complete only if Applicant is a Drilling Contractor)*

1. OPERATIONS

- a. Describe Applicant's operations:

Note: If there is more than one proposed Named Insured, please provide detailed description of operations for each proposed Named insured.

Subsidiary Name	Description of Operations

- c. Number of years of experience of principals: _____
- d. Estimated annual payroll: \$ _____
- e. Does the Applicant carry Workers' Compensation insurance in compliance with the applicable state Workers' Compensation Act?
☐ Yes ☐ No

2. SUBCONTRACTOR INFORMATION

- a. Indicate the operations the Applicant typically subcontracts 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 and Dismantling | <input type="checkbox"/> Rig Moving |
| <input type="checkbox"/> Running Casing | <input type="checkbox"/> Site Preparation | <input type="checkbox"/> Welding | <input type="checkbox"/> Wireline Services |
| <input type="checkbox"/> Other (describe): _____ | | | |
- b. What percent of work is subbed out? _____ %
- c. Does the Applicant have a signed Master Service Agreement (MSA) on file for each subcontractor before the subcontractor begins work?
☐ Yes ☐ No
- If yes:**
- i. What form of MSA is used? ☐ API ☐ IADC ☐ Other (attach copy)
- ii. Describe the MSA guidelines (including if MSAs are required on all subcontractors, only subcontractors who perform specific operations, based on expenditure threshold or based on other factors):

3. a. In the spaces provided, check all boxes for all operations the **Applicant** is involved in, and provide annual gross payroll and gross revenues for those operations.

Operations	Annual Gross Payroll	Annual Gross Revenues
Oil or Gas Well Drilling/Redrilling	\$ _____	\$ _____
N.O.C. (13822s/98157)	\$ _____	\$ _____
In Town (13812/98158)	\$ _____	\$ _____
Casing Installation	\$ _____	\$ _____
Casing Pulling/Recovery	\$ _____	\$ _____
Spudding	\$ _____	\$ _____
Bore Hole	\$ _____	\$ _____
Rat Hole	\$ _____	\$ _____
Mouse Hole	\$ _____	\$ _____
Water Hole	\$ _____	\$ _____

- b. Number of rigs owned: _____
- c. Average number of active rigs: _____
- d. Maximum depth of drilling: _____ feet
- e. Average depth drilled: _____ feet



f. Any drilling operations over water? ☐ Yes ☐ No

If yes:

i. Estimated annual payroll: \$ _____

ii. Describe type of work over water: _____

g. Is the Applicant subject to Department of Transportation regulation? ☐ Yes ☐ No

h. Does the Applicant lease employees from others? ☐ Yes ☐ No

i. Does the Applicant perform employee drug testing? ☐ Yes ☐ No

If yes, attach testing program details.

j. Indicate the number of wells drilled in the last year by total depth:

0–3,000 feet: _____ 3,001–7,500 feet: _____ 7,501–12,000 feet: _____ Over 12,000 feet: _____

k. Indicate the number of wells expected to be drilled in the coming year by total depth:

0–3,000 feet: _____ 3,001–7,500 feet: _____ 7,501–12,000 feet: _____ Over 12,000 feet: _____

l. What percentage of the Applicant's work is contracted as:

Footage _____ % Day Work _____ % Turnkey _____ %

m. What percentage of the Applicant's work is contracted as follows (total must equal 100%)?

No Contract: _____ % Letter Agreement: _____ % API or IADC: _____ %

Other _____ % Describe: _____

4. Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf.

Drilling Contractors Classifications	Percent Performed by Applicant	Percent Performed by Subs
Lease Operators and Non-Operators	%	%
Other (describe):	%	%

M. LEASE OPERATOR/NON-OPERATOR *(Complete only if Applicant is a Lease Operator / Non-Operator)*

NOTICE: In addition to completing the following, the Applicant must provide each of the following:

- A complete schedule of all existing wells as operator and as non-operator, including state, county, total depth, lease block (if applicable), working interest and status (producing, shut-in, etc.).
- A complete schedule of estimated drilling activity for the next 12 months, including state, county, total depth and working interest.
- Separate schedules of town sites, H2S, saltwater disposals, injection, wet location wells, and horizontal wells, if any.
- Schedule of all gas processing, distillation and/or sweetening plants.
- Schedule of all transmission or distribution pipelines and associated compressor stations.
- Schedule of all offshore facilities, if any.

1. OPERATIONS

a. Are audited financial statements available? ☐ Yes ☐ No

If no, please explain:

b. Does the Applicant lease any employees? ☐ Yes ☐ No

If yes, please explain:

c. Estimated annual payroll: \$ _____

d. Does the Applicant carry Workers' Compensation insurance in compliance with the applicable state Workers' Compensation Act?

☐ Yes ☐ No

e. Is the Applicant:

i. An **operator of record** owning working interest in wells, who manages lease operations for his co-owners of the working interest?

☐ Yes ☐ No

ii. An **operator of record** owning working interest in wells, who utilizes a contract operator to manage lease operations? ☐ Yes ☐ No

iii. An **operator of record** NOT owning working interest in wells, who utilizes a contract operator to manage lease operations?

☐ Yes ☐ No

iv. A **promoter** selling drilling prospects to operators for a carried interest in the wells? ☐ Yes ☐ No

v. A **lease operator by contract** who does not have a working interest in the wells? ☐ Yes ☐ No

vi. An **investor** owning a non-operating working interest? ☐ Yes ☐ No

vii. An **operator** which has any service contractor subsidiary? ☐ Yes ☐ No

viii. A **service contractor**? ☐ Yes ☐ No

f. Is Non-Owned Auto coverage desired? ☐ Yes ☐ No

If yes, please complete the Hired and Non-Owned Automobile Liability Supplemental Application.

2. AS OPERATOR

a. How are drilling/work over operations contracted?

i. ☐ Day Work: ☐ IADC ☐ API

ii. ☐ Footage: ☐ IADC ☐ API

iii. ☐ Turnkey: ☐ IADC ☐ API

iv. ☐ Other (attach copy)

b. How are servicing operations contracted?

i. Master Service Agreement (MSA)? ☐ Yes ☐ No

If yes, what type is used? ☐ IADC ☐ AOOSC ☐ API ☐ Other (attach copy)

ii. Well Service Contract? ☐ Yes ☐ No

If yes, attach copy.

iii. Individual job order / purchase order? ☐ Yes ☐ No

c. Does the Applicant require contractors and subcontractors to purchase the following:

i. Coverage for Explosion "X"? ☐ Yes ☐ No

ii. Coverage for Blowout and Cratering "E"? ☐ Yes ☐ No

iii. Coverage for Underground Resources "D"? ☐ Yes ☐ No

iv. Coverage for Saline Contamination "W"? ☐ Yes ☐ No

d. Does the Applicant require a Waiver of Subrogation from each driller and work over contractor? ☐ Yes ☐ No

e. Does the Applicant maintain an approved contractor's list? ☐ Yes ☐ No

f. Are all well sites fenced, including pump jacks, tank batteries, separators, etc.? ☐ Yes ☐ No

g. Is there any livestock in the lease area? ☐ Yes ☐ No

h. Does the Applicant do site preparation? ☐ Yes ☐ No

i. Are there any secondary recovery operations? ☐ Yes ☐ No

j. What is the amount the Applicant expects to spend as operator on independent contractors for the following?

Lease work: \$ _____ Work over: \$ _____ Drilling: \$ _____

k. Indicate the number of **producing, saline and shut-in wells** as a lease operator:

State	No. of Oil Wells	No. of Gas Wells	No. of Saline Wells	No. of Shut-In Wells	Average Depth (Feet)

l. Indicate the number of **plugged and abandoned wells** as a lease operator:

State	No. of Oil Wells	No. of Gas Wells	No. of Saline Wells	No. of Shut-In Wells	Average Depth (Feet)

m. Indicate the number of **wells to be drilled** as a lease operator:

State	Estimated Depth (Feet)	No. of Vertical Wells	No. of Horizontal Wells

n. Any wells within city or town limits? ☐ Yes ☐ No

If yes, provide the following information:

Name	Location	Fenced?	Surrounding Exposure	Diked?
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

o. Total number of wells (enter number of each below; if none, enter N/A):

- i. Located within oceans, gulfs or bays: _____ iii. In or near railroad rights-of-way: _____
 ii. Within inland waterways, lakes or marsh areas: _____ iv. Hydrogen wells: _____

p. Does the Applicant operator have a working interest in any gas processing, gasoline recovery plants or gas sweetening plants?

☐ Yes ☐ No

If yes, provide details:

3. AS NON-OPERATOR

- a. Are Certificates of Insurance available from the operator of the well? ☐ Yes ☐ No
- b. Does the operator's policy have an Additional Insured – Working Interest Endorsement? ☐ Yes ☐ No
- c. Is the Applicant named as an Additional Insured on the operator's policy? ☐ Yes ☐ No
- d. Indicate the number of non-operated **wells with 0–25% working interest:**

State	No. of Oil Wells	No. of Gas Wells	No. of Saline Wells	No. of Shut-In Wells	Average Depth (Feet)

- e. Indicate the number of non-operated **wells with 26–50% working interest:**

State	No. of Oil Wells	No. of Gas Wells	No. of Saline Wells	No. of Shut-In Wells	Average Depth (Feet)

- f. Indicate the number of non-operated **wells with more than 50% working interest:**

State	No. of Oil Wells	No. of Gas Wells	No. of Saline Wells	No. of Shut-In Wells	Average Depth (Feet)

- g. Indicate the number of **wells to be drilled as non-operator:**

State	No. of Oil Wells	No. of Gas Wells	No. of Saline Wells	No. of Shut-In Wells	Average Depth (Feet)



4. Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf.

Lease Operator/Non-Operator Classifications	Percent Performed by Applicant	Percent Performed by Subs
Lease Operators and Non-Operators	%	%
Lease Prep including roads, pits and flowlines	%	%

N. PIPELINE OPERATOR *(Complete only if Applicant is a Pipeline Operator)*

1. OPERATIONS

- a. Are audited financial statements available? ☐ Yes ☐ No

If no, please explain:

- b. Does the Applicant lease any employees? ☐ Yes ☐ No

If yes, please explain:

- c. Estimated annual payroll: \$ _____

- d. Does the Applicant carry Workers' Compensation insurance in compliance with the applicable state Workers' Compensation Act?

☐ Yes ☐ No

2. AS OPERATOR

Please provide the following information for **each** pipeline system or major system segment for which coverage is requested. The Applicant may substitute or include maps, charts and other material containing the required information.

- a. i. Location/System Name: _____

Buried 3" or more? ☐ Yes ☐ No Length: _____ miles Diameter: _____ inches ☐ Poly ☐ Steel

Product: _____ Throughput: _____

Age: _____ Operating pressure: _____ Design pressure: _____

Number of compression stations: _____ Average line compression: _____ hp Largest compressor: _____ hp

- ii. Location/System Name: _____

Buried 3" or more? ☐ Yes ☐ No Length: _____ miles Diameter: _____ inches ☐ Poly ☐ Steel

Product: _____ Throughput: _____

Age: _____ Operating pressure: _____ Design pressure: _____

Number of compression stations: _____ Average line compression: _____ hp Largest compressor: _____ hp

- iii. Location/System Name: _____

Buried 3" or more? ☐ Yes ☐ No Length: _____ miles Diameter: _____ inches ☐ Poly ☐ Steel

Product: _____ Throughput: _____

Age: _____ Operating pressure: _____ Design pressure: _____

Number of compression stations: _____ Average line compression: _____ hp Largest compressor: _____ hp

- b. System type: ☐ Gathering ☐ Transmission ☐ Distribution

- c. Water or river crossings: ☐ Yes ☐ No

If yes, how many over the water? _____ How many under the water/river bottom? _____

d. Roads or highways crossings? ☐ Yes ☐ No

If yes, how many pass under State/Federal Highways? _____ How deep are they buried? _____ feet

e. Railroad crossings? ☐ Yes ☐ No

If yes, how many? _____ How deep are they buried? _____ feet

f. Does the Applicant sell products directly to end users? ☐ Yes ☐ No

i. If yes, explain to whom, what and where: _____

ii. If gas, is it odorized? ☐ Yes ☐ No

3. PIPELINE SAFETY

a. Pipeline safety features (if answers vary by pipeline system or major segment, include details):

i. Wrapped Cathodic protection 24 hour human monitoring High and low pressure alarms

ii. Pressure tested within the last 5 years? ☐ Yes ☐ No

iii. Internal inspection within the last 5 years? ☐ Yes ☐ No

iv. What is the percentage of shrinkage/leakage annually? _____ %

v. Subject to Pipeline Safety Act of 2001? ☐ Yes ☐ No

If yes, is the Applicant in compliance with recommendations regarding integrity testing and public education? ☐ Yes ☐ No

b. Describe safety/access control procedures at facilities (pig access sites, compression states, metering stations, etc.):

c. Describe corrosion protection system:

d. Describe leak detection, remote monitoring and automatic shut-down systems and procedures:

4. Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf.

Pipeline Operator Classifications	Percent Performed by Applicant	Percent Performed by Subs
Pipeline Construction on land	%	%
Pipeline Construction over water	%	%
Pipeline Maintenance on land	%	%
Pipeline Maintenance over water	%	%

O. SERVICE CONTRACTOR *(Complete only if Applicant is a Service Contractor OTHER THAN a Consultant Or Engineer, Drilling Contractor, Lease Operator/Non-Operator or Pipeline Operator)*

1. a. Estimated annual payroll: \$ _____

b. Does the Applicant carry Workers' Compensation insurance in compliance with the applicable state Workers' Compensation Act?

☐ Yes ☐ No

- c. Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf.

Service Contractor Classifications	Percent Performed by Applicant	Percent Performed by Subs
Contracting and Service Classes		
Above Ground Storage Tank Installation	%	%
Acidizing	%	%
Analytical Laboratories	%	%
Blow Out Control Services Including Training	%	%
Casing Installation/Removal	%	%
Cementing	%	%
Cleaning/Snubbing/Capping of Wells	%	%
Completion/Perforating	%	%
Crane Operators/Riggers	%	%
Down Hole Tool Operating	%	%
Drilling/Re-drilling (Oil/Gas/SWD)	%	%
Electrical	%	%
Fishing/Tool Retrieval Contractors	%	%
Fracturing Services	%	%
General Repair Shops including Welders	%	%
Hot Oil Services	%	%
Hydrostatic Testing	%	%
Mud Loggers/Mud Men	%	%
Painting/Sandblasting	%	%
Pipeline Construction – Flowlines and Gathering Lines	%	%
Pipeline Construction – Transmission Lines	%	%
Plant Turnaround/Maintenance	%	%
Pumping/Gauging	%	%
Rig/Equipment Cleaning	%	%
Rig Erection/Tear Down Including	%	%
Maintenance/Repair	%	%
Salt Water Hauling for Others	%	%
Soil Removal/Remediation	%	%
SWD Operation (not drilling)	%	%

Tank and/or Pipe Cleaning	%	%
Vacuum Services	%	%
Valve Installers/Re-packers (Contractors)	%	%
Welding – Over the Hole	%	%
Welding – Not Over the Hole	%	%
Well Completion	%	%
Well Plugging/Abandonment	%	%
Well Servicing/Work Over	%	%
Wireline/Slickline Services	%	%
Manufacturing and Re-Manufacturing		
Machine/Fabrication Shop Services	%	%
Oilfield Products Manufacturing – New	%	%
Oilfield Products Remanufactures	%	%
Tank and Vessel Manufacturers	%	%
Tubular Goods Manufacturers/Remanufacturers	%	%
Tubular Goods—Thread/Rethread/Straighten	%	%
Valve Manufacturers and Remanufacturers	%	%
Sales, Rental and Distribution		
Crane Rental Companies (with or without operators)	%	%
Down Hole Equipment Dealers – New and Used	%	%
Down Hole Equipment Rental Companies	%	%
Equipment Dealers – New and Used (no remanufacturing)	%	%
Equipment Rental Companies – Pumps, Tools, Motors, etc.	%	%
Mud Dealers	%	%
Pipe Dealers – New and Used (no remanufacturing)	%	%
Safety Equipment Dealers	%	%

FRAUD NOTICES

Notice to Arkansas and West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice to Kentucky Applicants: 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.

Notice to Maine Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Oregon Applicants: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

Notice to Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to Applicants of all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties.

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 (undersigned) 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.

Authorized signature

Date

Typed or printed name:

Title: