



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 ☐ NoIf yes, does it include mutual indemnification and/or hold harmless wording? ☐ Yes ☐ NoIf yes, does the mutual indemnification apply to both CGL and PL? ☐ Yes ☐ NoAre 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 ☐ NoDo you have the ability to dictate and control the daily well-site activities? ☐ Yes ☐ NoDo you have the ability to hire, fire, select, or control the contractors and their operations? ☐ Yes ☐ NoAre 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