Fax To: 936-309-0050

CONTRAC

If active business, must provide Loss Runs

OIL & GAS CONTRACTORS AND CONSULTANTS APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: For certain policies and coverage parts 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:				Date:	
Address:					
City:	State:	Zip Cod	e:	Phone:	
Company is an:	ership 🗌 Corpora	ation 🗌 Jo	int Venture 🗌	Other (please desci	ribe)
B. REQUESTED COVERAGE					
1. Coverage Requested: (please clear are requesting) New Business Renewal Commercial General Liability (Oc Professional Liability (Claims Made Commercial Commerci	2. Proposed Effective Date: Proposed Retroactive Date: 3. Limits of Liability/Deductible: Limits Requested: Deductible Requested: Other Coverages and Endorsements:				
☐ Environmental Impairment Liability (C. HISTORY OF COMPANY	Claims Made Omy)				
Date Company Was Established: Is work done through or by any affiliated related company(s)? If yes, please provexplanation in the area below.		4. Is the Applicant, or any affiliated, related predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? If yes, please provide an explanation in the area below.			l
3. Is the Applicant, or any affiliated, related predecessor entity currently involved wit sharing office space, use of employees commingling of affiliated or related opera or services of any kind? If yes, please p an explanation in the area below.	h No or ations	5. Has the Applicant, or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? If yes, please provide an explanation in the area below			

6.	business? If yes, please list predethe area below.		☐ Yes ☐ No	rela or c crin	related predecessor entity or any officer or owner ever been convicted of a crime? If yes, please provide an explanation in the area below. Yes No No			
8.	If You answered "Yes" to any of	s" to any of the questions listed above, please include a detailed explanation:						
D.	PRIOR LIABILITY CARRIER INFO	ORMATIO	N (Past two v	ears)				
		Receipts	4. Limit of Lia		5. Deductible	6. Type of Policy	7. Premium	
8	Has any policy or coverage been de	clined ca	ncelled and/or	r non-ro	hewed during the	prior three years?	│ │Yes	
Ο.	rias any policy of coverage been de	Joinica, Ga	noched and/or	11011-10	newed during the	phor timee years:] 103 [] 110	
	If yes, please explain:							
9.	9. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No							
	If you place provide full details on	aaah inaid	ant.					
	If yes, please provide full details on	eacn incid	ent:					
10	. Is the applicant aware of any circu firm, his predecessors in business	, any of the	e present or pa	ast parti	ners or officers, o	r any staff member a		
	claim, suit, or notice of incident be	en made a	igainst the firn	n or any	staff member? L	」Yes ∐ No		
	If yes, please provide full details on	each incid	dent:					
Ε.	GROSS RECEIPTS							
1.	1 st Prior Year: \$		3. 3 rd Prior Ye					
	2 nd Prior Year: \$	•	4. 4 th Prior Ye					
	ote: Gross Receipts are the total of a our estimated receipts including su l							
	rvices not described below under "C					and appropriate date	2g01y. 2 .00	
At	oove Ground Storage Tank Installati	on \$		Pla	nt Turnaround/Ma	nintenance	\$	
Ar	nalytical Laboratories	\$		Project Management		\$		
El	ectrical	\$		Reservoir Engineering		\$		
Gá	auger/Pumper	\$		Saf	ety Training		\$	
G	eophysical	\$		Sal	water Injection/D	isposal	\$	
Н	otwork/Welding	\$		Sal	water/Freshwate	r Hauling	\$	
Ma	achine Shop Services	\$		Sei	smic Surveys		\$	
Me	etal Fabrication	\$		Site	Preparation		\$	
М	ud Service	\$		Soi	Removal/Remed	liation	\$	
Oi	Ifield Product Manufacturing - New	\$		Tar	k &/or Pipe Clear	ning	\$	
Oi	lfield Product Remanufacture	\$		Vac	uum Services		\$	
Oi	lfield Equipment Rental	\$		Val	ve/Pump Installat	ion/Maintenance	\$	
Oi	Ifield Equipment Sales/Distribution	\$		We	II Completion		\$	
	ainting/Sand Blasting	\$		We	ll Design		\$	
	peline Construction	\$			II Drilling		\$	
	peline Inspection	\$			II Plugging and Al	pandonment	\$	
	peline Maintenance	\$		We	ll Workover		\$	
_	ther – Contracting							
	escribe:	\$			scribe:		\$	
De	escribe:	\$		Des	scribe:		\$	
To	otal Projected Gross Receipts:	\$						

F. SUBCONTRACTED SERVICES		
1. Please identify the services that are subcontracted:	2. Applicable Cost:	
Description:	\$	
Description:	\$	
Description:	\$	
G. GENERAL INFORMATION		
1. What percentage of Applicant's work is over water (including r	narshes, bays, inland waters & offshore) %
2. Explain any projects that are over water.		
3. Who is responsible for transportation to offshore worksites?		
4. What percentage of Applicant's work is from boats, docks or b5. Specify the approximate percentage of services provided for e		
5. Specify the approximate percentage of services provided for e	each of the following categories.	
a. Refineries, Gas Plants, Petrochemical Plants%	d. Over Water%	
b. Oilfield%	e. Environmental%	
c. Industrial Plants% 6. Any use of cranes, hoists, or riggings?	f. Other%	
6. Any use of cranes, hoists, or riggings? ☐ Yes ☐ No If so, how many stories?		
7. Total personnel (List each person once, by primary function):		
a.) Petroleum or General Engineers		
b.) Geologists		
c.) Supervisors/ Foremen/ Leadmen d.) Draftsmen/ Technicians		
e.) Clerical Employees		
f.) Safety		
g.) Other (please specify primary function and count per ful	nction):	
O to the Applicant a breattern of the falls for Obert all that		
8. Is the Applicant subject to any of the following: Check all that a Jones Act		Λ ct
Does the Applicant have a formal/written safety plan?	Yes No	<u> </u>
H. PRODUCTS INFORMATION		
Description of Manufacturing Operations:		
Manufacturing of Product to Applicant's specifications	%	
Manufacturing of Product to customer specifications	%	
Manufactured/processed by third parties	%	
Remanufactured Product	%	
Remanufactured Product certified by third parties	│ ☐ Yes ☐ No	
I. CONTRACTOR/CONSULTANT LIABILITY		
1. Does Applicant manage or supervise any subcontractor at any	projects or worksite?	☐ Yes ☐ No
2. Does Applicant sign contracts or work orders with subcontract		☐ Yes ☐ No
3. Are there any subcontractors hired without a written contract?		☐ Yes ☐ No
4. Is Applicant named as an Additional Insured on the subcontraction		Yes No
5. Does Applicant obtain a Waiver of Subrogation from Your subcontractor's insurance carrier?		Yes No
6. Are subcontractors required to carry equal or greater limits that		Yes No
7. Does Applicant require subcontractors to sign a Master Servic You hire them?	e Agreement (MSA) with you before	Yes No
8. Does Applicant sign a contract with Your clients? If "yes", what type?		☐ Yes ☐ No
Does it contain indemnification and/or "hold harmless" wording	1?	☐ Yes ☐ No
Is the indemnification and "hold harmless" wording mutual or c		
If the indemnification and "hold harmless" wording favors one	narty over another, who does it favor?	
m the indefinitionation and mold harmless wording lavois one	party over another, who does it lavel?	

J. PLEASE CHECK BELOW WHAT BEST DESCRIBES YOUR SERVICES:
As a consultant, I contract with well operators or owners for gathering, researching or analyzing information which may include observing various operations or reviewing reports for recommendations to be made that relate to oil and gas production or exploration. I cannot oversee, instruct, direct, supervise nor have any involvement in any work or operations that occur or may occur at any site.
As a consultant, I contract with well operators or owners to oversee instruct, direct, supervise or assist them in work or operations at well or lease sites where oil or gas production or exploration is done. I have authorization obtained from well operators or owners to use my judgment relating to work or activities at the various sites which may include hiring subcontractors and advising personnel regarding their work or activities. I may amend or restrict operations based on my judgment in order to complete any work or site activities. I may have the responsibility to report work progress or lack or progress to well operators or owners.
FRAUD WARNING: APPLICABLE TO ALL 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 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.
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.
NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.
Signature: Print Name:
Title:
Date: