

If active business, must provide Loss Runs

**BUSINESS RISK SERVICES OF OHIO, INC.**  
**OIL & GAS CONTRACTORS SUPPLEMENT**  
(MUST BE FULLY COMPLETED AND ATTACHED TO APPLICATION)

NAME OF INSURED: \_\_\_\_\_

CONTRACTORS LICENSE #: \_\_\_\_\_

LIST ALL TYPES OF STATE APPROVED LICENSES HELD BY THIS INSURED: \_\_\_\_\_

WEBSITE ADDRESS (IF ANY): \_\_\_\_\_

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**THE FOLLOWING QUESTIONS APPLY TO DRILLERS/WELL SERVICING CONTRACTORS:**

1. NUMBER OF RIGS OWNED: \_\_\_\_\_
2. NUMBER OF ACTIVE RIGS \_\_\_\_\_
3. NUMBER OF INACTIVE OR STACKED RIGS: \_\_\_\_\_
4. MAXIMUM DEPTH OF DRILLING/SERVICING: \_\_\_\_\_
5. AVERAGE DEPTH OF DRILLING/SERVICING: \_\_\_\_\_
6. MAIN AREAS OF OPERATIONS (STATE/COUNTY): \_\_\_\_\_
7. HOW OFTEN ARE RIGS SERVICED OR MAINTAINED: \_\_\_\_\_
8. ANY OPERATIONS PERFORMED OVER WATER OR MARSHY AREAS: \_\_\_\_\_ IF SO, PLEASE ADVISE THE TYPE OF WORK PERFORMED: \_\_\_\_\_ PROVIDE THE PERCENTAGE OF OVERWATER VS. LAND OPERATIONS: \_\_\_\_\_

**THE FOLLOWING QUESTIONS APPLY TO ALL OIL & GAS CONTRACTORS (INCLUDING DRILLERS / WELL SERVICERS)**

1. TOTAL NUMBER OF ACTIVE EMPLOYEES: \_\_\_\_\_
2. TOTAL AMOUNT OF ANNUAL PAYROLL: \_\_\_\_\_
3. TOTAL AMOUNT OF ESTIMATED GROSS RECEIPTS: \_\_\_\_\_
4. INDEPENDENT SUBCONTRACTOR COSTS: \_\_\_\_\_
5. EXPLAIN THE TYPE OF OPERATIONS SUBBED OUT: \_\_\_\_\_
6. DOES THE INSURED OBTAIN & KEEP CERTIFICATES OF INSURANCE ON FILE: \_\_\_\_\_
7. DOES THE INSURED HAVE SUBCONTRACTORS NAME THEM AS ADDITIONAL INSURED UNDER THE SUBCONTRACTORS CGL POLICY AND HOLD THE INSURED HARMLESS: \_\_\_\_\_
8. WHAT TYPE OF LIMIT OF LIABILITY DOES THE INSURED REQUIRE THE SUBCONTRACTOR TO CARRY: \_\_\_\_\_
9. DOES THE INSURED ENGAGE IN ANY EMPLOYEE LEASING: \_\_\_\_\_. IF YES, PLEASE EXPLAIN THE AGREEMENT IN PLACE: \_\_\_\_\_
10. DOES THE INSURED PROVIDE WORKERS' COMPENSATION & EMPLOYERS LIABILITY: \_\_\_\_\_. PROVIDE NAME OF CARRIER AND EFFECTIVE DATE: \_\_\_\_\_
11. DOES THE INSURED HAVE A SAFETY PROGRAM IN PLACE: \_\_\_\_\_. IS THERE A SPECIFIC SAFETY DIRECTOR EMPLOYED: \_\_\_\_\_. IF SO, PROVIDE NAME & PHONE NUMBER: \_\_\_\_\_.

12. DESCRIBE THE INSURED HIRING PROCEDURES: \_\_\_\_\_  
\_\_\_\_\_ IS THERE A MINIMUM EXPERIENCE  
REQUIREMENT FOR EMPLOYMENT: \_\_\_\_\_. WHAT IS THE INSURED  
TURNOVER RATE: \_\_\_\_\_

**THE FOLLOWING QUESTIONS APPLY TO SPECIALTY OIL & GAS CONTRACTORS:**

1. PROVIDE A DETAILED DESCRIPTION OF ALL OPERATIONS PERFORMED BY THE INSURED IN THE OIL AND GAS INDUSTRY: \_\_\_\_\_
2. ARE THERE ANY SPECIFIC SAFETY REQUIREMENTS FOR THIS TYPE OF CONTRACTOR: \_\_\_\_\_
3. ANY OPERATIONS PERFORMED AROUND PETRO-CHEMICAL PLANTS, GAS PLANTS, INDUSTRIAL PLANTS, OR REFINERIES: \_\_\_\_\_. IF SO, PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_
4. ANY EXPOSURE TO OVER THE HOLE OPERATIONS: \_\_\_\_\_. IF SO, WHAT TYPE OF EXPOSURES: \_\_\_\_\_
5. EXPLAIN THE TYPE OF CONTRACTUAL OBLIGATIONS THE INSURED MUST ENTER INTO: \_\_\_\_\_
6. ANY WORK PERFORMED OUTSIDE OF THE OIL & GAS INDUSTRY: \_\_\_\_\_. IF SO, PLEASE EXPLAIN WHY TYPE OF WORK: \_\_\_\_\_