

## Oil & Gas — Supplemental Application for Insurance

**NOTE: we require full completion and signature of this application in order to place coverage.**

### GENERAL INFORMATION:

1. Name of Applicant and all companies to be insured: (If Named Insured status is requested for any other entities, include name and operation of each)

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2. Address of Applicant:

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3. Years of Experience in business: | |

4. Operations – check all that apply

| |

|| Lease Operator

||

Developer (attach details)

| |

|| Operator by Contract

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Promoter (attach details)

| |

|| Non-Operating Working Interest Owner

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Other (attach details)

5. Are any wells within 1,000' of an occupied structure?  Yes  No

Are any wells within corporate limits of a city or town?  Yes  No

Are any wells located in a railroad right-of-way?  Yes  No

6. Do you supply house gas?  Yes  No If yes, how many taps?

Is there a pressure regulator for each tap?  Yes  No

Is there a written hold-harmless agreement in your favor for each tap?  Yes  No

Is there a written requirement for homeowner to odorize the gas?  Yes  No

7. Do you now, or have you ever, provided any domestic gas connection services beyond providing a tap? (e.g. laying pipe, hook up to house, install or maintain meters or regulators, etc.)  Yes  No

If yes, describe below:

8. Do you operate or have an ownership interest in any Gas Processing or Gasoline Recovery (distillate) plants?  Yes  No

If yes, describe below:

9. Are all above ground and/or underground storage tanks, located, diked and constructed in accordance to local and state regulations?  Yes  No

10. Do you operate any Salt Water Disposal Wells or Gas Injection Wells?  Yes  No  
If yes, attach details with number penetrating known producing zones.

11. Indicate which of the following you require of your subcontractors:

- Certificate of Insurance
- Additional Insured Status for yourself on subcontractor coverage
- Waiver of subrogation provision on subcontractor coverage
- Subcontractor's coverage endorsed to be primary

12. Do you require subcontractors to have a Master Service Agreement (MSA) completed and on file in your office before they begin work for you?  Yes  No

If yes, what form MSA do you use?  API  IADC  Other (attach)

If yes, describe your company MSA guidelines. Do you require MSAs from all your subs? Only from subs for certain operations? Based on expenditure threshold? Based on other factors?

**CLAIMS INFORMATION**

Any claims reported by the Applicant(s) to any insurer(s) during the last five years?  Yes  No

If Yes, please provide all details below, showing pollution losses separately:

Date	Loss Amount	Description

**NOTE**

**APPLICABLE TO ALL SECTIONS OF THIS APPLICATION**

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_