

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): _____
NUMBER OF YEARS OIL & GAS FIELD EXPERIENCE: _____

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 & LEASE WORK CONTRACTORS)

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 WHAT TYPE OF WORK: _____
7. IF TRUCKING RISK, NEED LIST OF MATERIAL HAULED AND RADIUS OF OPERATIONS: _____
8. IF PAINTING AND/OR SANDBLASTING WE WILL NEED PROCEDURES USED TO PREVENT OVER-SPRAY DAMAGE: _____
ANY STRUCTURES WORKED ON MORE THAN 3 STORIES IN HEIGHT: _____
9. PROVIDE A LIST OF EQUIPMENT USED IN DAILY OPERATIONS: _____
