



## OIL AND GAS INDUSTRY APPLICATION

### PLEASE ANSWER ALL QUESTIONS COMPLETELY

**NOTICE:** For certain policies and coverage forms 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:

Inspection Contact Name:

Title:

Phone:

Address:

City:

State:

Zip Code:

Company Website:

D&B No.

Form of Business:

Individual

Partnership

Corporation

Joint Venture

Other (describe):

1. Class of business:
 

<input type="checkbox"/> Consulting & Engineering Services <i>(complete section K. below)</i>	<input type="checkbox"/> Drilling Contractors <i>(complete section L. below)</i>	<input type="checkbox"/> Lease Operator/Non-Operator <i>(complete section M. below)</i>	<input type="checkbox"/> Pipeline Operator <i>(complete section N. below)</i>	<input type="checkbox"/> Service Contractor <i>(complete section O. below)</i>
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2. If there is more than one proposed Named Insured, list each and provide percentage of ownership:

3. How long has the Applicant been in business?

4. How many years of experience in the industry?

5. Is the Applicant a successor of any other business?  Yes  No

6. Is the Applicant directly or indirectly controlled, owned, or otherwise managed by another party?  Yes  No

7. Does the Applicant directly or indirectly control, own, or otherwise manage any other entity?  Yes  No
8. Does the Applicant, or any affiliated, related predecessor entity, currently share office space or use of employees, or co-mingle with affiliated or related operations of any kind?  Yes  No
9. Is work done for the Applicant through or by any affiliated or related company(s)?  Yes  No
- If Applicant answered "Yes" to ANY of the questions listed above, please include a detailed explanation:

10. Other Entities-Please provide the following information for any other entities that are to be included:

LEGAL NAME	OWNERSHIP %	OPERATIONS/SERVICES PROVIDED
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## B. GROSS ANNUAL REVENUE\*

\*Gross Annual Revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

1. Estimated Gross Annual Revenue for upcoming 12 month period:

Domestic: \$

Foreign: \$

2. Please list Applicant's Total Gross Annual Revenues for the preceding 3 years:

1<sup>st</sup> Prior Year Domestic: \$ Foreign: \$

2<sup>nd</sup> Prior Year Domestic: \$ Foreign: \$

3<sup>rd</sup> Prior Year Domestic: \$ Foreign: \$

3. What percentage of the time does Applicant work without a written contract? %

4. Does the Applicant directly or indirectly perform work on residential properties?  Yes  No

If yes, what percentage of the Applicant's overall revenue is associated with residential work? %

## C. SUBCONTRACTORS

1. Does Applicant ever work with subcontractors?  Yes  No

2. Are all subcontractors licensed and accredited?  Yes  No

3. Does Applicant maintain current certificates of insurance from all subcontractors?  Yes  No

If yes, where are they kept on file?

4. Please indicate the minimum insurance coverages that Applicant requires subcontractors to carry:

Coverage	Limits	
Commercial General Liability:	\$	<input type="checkbox"/> None
<input type="checkbox"/> Blanket Contractual	<input type="checkbox"/> Products / Completed Operations	<input type="checkbox"/> Underground Resources
Contractors Pollution Liability:	\$	<input type="checkbox"/> None
Auto Liability:	\$	<input type="checkbox"/> None

Employers Liability: \$  None  
 Umbrella/Excess Liability: \$  None  
 Professional Liability (E&O): \$  None  
 Other: \$

- 5. Is Applicant named as an Additional Insured on the subcontractors' policies?  Yes  No
- 6. Does Applicant obtain a Waiver of Subrogation from subcontractors' insurance carriers?  Yes  No
- 7. Is subcontractor's insurance endorsed to be primary over Applicant's insurance?  Yes  No
- 8. Is a standard written contract used with Applicant's subcontractors?  Yes  No
- 9. Does that contract include Hold Harmless and Limitation of Liability clauses in Applicant's favor?  Yes  No

**Applicant does not use any subcontractors:**  Agree

**D. GENERAL INFORMATION**

- 1. Specify the approximate percentage of services provided for each of the following categories:
 

Refineries, Gas Plants, Petrochemical Plants:	%	Environmental:	%
Oilfields:	%	Other (describe):	%
Industrial Plants:	%		
- 2. Any use of cranes, hoists or riggings?  Yes  No With or without operators?  
 If Yes, how many stories?  
 Approximate number of jobs per annum?
- 3. Total personnel (count each person once, by primary function):
 

Petroleum or General Engineers:	Draftsmen/Technicians:
Geologists:	Clerical Employees:
Supervisors/Foremen/Leadmen:	Safety:
Other (please specify primary function and count per function):	
- 4. Is the Applicant subject to any of the following? Check all that apply:
 

<input type="checkbox"/> Jones Act	<input type="checkbox"/> Federal Employers' Liability Act	<input type="checkbox"/> Longshoremen's and Harbor Workers Act
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- 5. Engineering and inspection information:
  - a. Does the Applicant have a formal/written safety plan?  Yes  No
  - b. Does the Applicant have a safety director on staff?  Yes  No
  - c. Are periodic safety meetings conducted?  Yes  No
    - If yes: (1) How often?
    - (2) Are all employees required to attend?  Yes  No
- 6. Does Applicant sign a contract with clients?  Yes  No  
 If yes, what type?  
 Does it contain indemnification and/or hold harmless wording?  Yes  No  
 Is the indemnification and/or hold harmless wording mutual or does it favor one party over the other?

If the indemnification and/or hold harmless wording favors one party over another, whom does it favor?

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**E. USA & CANADA EXPOSURES**

1. Please list all States/Provinces Applicant works in or plans to work in:
2. Are any of the Applicant's revenues generated by contracting services performed in New York City?  Yes  No

***If yes, please answer the following:***

What percentage of the Applicant's overall sales is associated with this operation? %

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**F. INTERNATIONAL EXPOSURES**

1. What percentage of Applicant's work is outside the USA or Canada? % Value: \$
2. Please list all countries Applicant works in or plans to work in:
3. Please list services performed in the above countries:

**Applicant does not perform any work or services outside the USA or Canada:**  Agree

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**G. OFFSHORE & OVER WATER EXPOSURES**

1. What percentage of Applicant's work is over water (including marshes, bays, inland waters & offshore)? %
2. How often does Applicant or Applicant's employees work offshore / overwater? Avg # of days per month, or Max # of days per annum
3. Does Applicant or Applicant's employees stay offshore / overwater?  Yes  No Avg # of days per month, or Max # of days per annum
4. Describe a typical offshore/over water project, including services performed and project duration.
5. Number of employees offshore at any one time: # of Professional Staff: # Labor/Technicians:
6. Who is responsible for transportation to offshore worksites?
7. What percentage of Applicant's work is from boats, docks or barges? %

**Applicant does not perform any work or services that requires working over water or offshore:**  Agree

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**H. EXPIRING LIABILITY CARRIER INFORMATION**

(Complete in the absence of an ISO Acord 125)

Coverage Form	Limits of Liability	Deductible/SIR	Carrier	Premium
Commercial General Liability	\$	\$		\$
Maritime Employers' Liability	\$	\$		\$
Employers' Liability	\$	\$		\$
Automobile Liability	\$	\$		\$

Professional Liability	\$	\$	\$
Umbrella/Excess/Liability	\$	\$	\$
Other Liability – Please Describe:	\$	\$	\$

Has any policy or coverage been declined, cancelled and/or non-renewed during the prior five years?  Yes  No

***If yes, please explain:***

**I. CLAIMS AND LOSSES INFORMATION**

1. Has any claim, suit or notice of incident been made against the firm, subsidiary or related entity or any staff member?  Yes  No

***If yes, please provide full details on each incident:***

2. Is the Applicant aware of any circumstance which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff members?  Yes  No

***If yes, please provide full details on each incident:***

**J. REQUESTED COVERAGE**

<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal	Proposed Effective Date:
<input type="checkbox"/> Commercial General Liability ( <input type="checkbox"/> Occurrence or <input type="checkbox"/> Claims Made)		Proposed Retroactive Date:
<input type="checkbox"/> Contractors Pollution Liability ( <input type="checkbox"/> Occurrence or <input type="checkbox"/> Claims Made)		
<input type="checkbox"/> Professional Liability (Claims Made Only)		
<input type="checkbox"/> Environmental Impairment Liability (Claims Made Only)		
<input type="checkbox"/> Other Liability – Please describe:		
<input type="checkbox"/> Other Liability – Please describe:		

**K. CONSULTING AND ENGINEERING SERVICES**

**(Complete only if Applicant is involved in Consulting or Engineering services)**

1. Which of the following most accurately describes the majority of the Applicant's business? (Choose only one)

- a. Other than observe and report:
  - Involved with direct supervision, control or oversight of rig or rig personnel
  - May include ability to stop work, engage, hire, fire, select or otherwise control the jobsite
  - Acts as project manager or controller on behalf of owner
  - Provides Health and Safety consulting or training

- b. Observe and report only:
  - Consultants without any direct supervision or oversight of rig or rig personnel
  - Not involved in actual drilling, exploration, completion, work over or production services
  - No ability to stop work, engage, hire, fire, select or otherwise control the jobsite
  - Strictly observe and report basis, reporting to project owner
- c. Specialist service provider
  - Provides onsite services and/or direct supervision of a specialized service that is either over the hole or down hole.
  - Specialized services include:
  - Production; Perforating/Completion; Drilling and/or Directional Drilling; Work Over; Mud Men/Mud Loggers

2. Subcontractors/Subconsultants:

- a. Does Applicant manage or supervise subcontractors or subconsultants at any project or worksite?  Yes  No
- b. Does Applicant sign contracts/work orders with subcontracts/subconsultants on the client's behalf?  Yes  No
- c. Are any subcontractors/subconsultants hired without written contract?  Yes  No
- d. Does Applicant require subcontractors/subconsultants to sign a contract before hiring them?  Yes  No

3. Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf.

**Consulting And Engineering Classifications**

	% Performed by Applicant	% Performed by Subs
Drilling & Directional Drilling Consultants	%	%
Geophysical	%	%
Mud Men/Mud Loggers	%	%
Perforating/Completion Consultants	%	%
Pipeline Consulting/Inspection on land	%	%
Pipeline Consulting/Inspection over water	%	%
Production Consultants	%	%
Project Management, including Health & Safety	%	%
Project Management, w/out Health & Safety	%	%
Reserve Engineering	%	%
Reserve Modeling Consultants	%	%
Rig Mobilization Consultants	%	%
Seismic Surveys	%	%
Well Design	%	%
Workplace Health & Safety Training	%	%
Work Over Consultants	%	%
Other (describe):	%	%



- Bore Hole \$ \$
- Rat Hole \$ \$
- Mouse Hole \$ \$
- Water Hole \$ \$

- b. Number of rigs owned:
- c. Average number of active rigs:
- d. Maximum depth of drilling: Feet
- e. Average depth drilled: Feet
- f. Any drilling operations over water?  Yes  No  
 If yes: (1) Estimated annual payroll: \$  
 (2) Describe type of work over water:

- g. Is the Applicant subject to Department of Transportation regulation?  Yes  No
- h. Does the Applicant lease employees from others?  Yes  No
- i. Does the Applicant perform employee drug testing?  Yes  No  
 If yes, attach testing program details.

- j. Indicate the number of wells drilled in the last year by total depth:  
 0 – 3,000 feet      3,001 – 7,500 feet      7,501 – 12,000 feet      Over 12,000 feet

- k. Indicate the number of wells expected to be drilled in the coming year by total depth:  
 0 – 3,000 feet      3,001 – 7,500 feet      7,501 – 12,000 feet      Over 12,000 feet

- l. What percentage of the Applicant's work is contracted as follows:  
 Footage % Day Work % Turnkey %

- m. What percentage of the Applicant's work is contracted as follows (total must equal 100%):  
 No Contract: % Letter Agreement: % API or IADC: %  
 Other: % Describe:

4. Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf.

**Drilling Contractors Classifications**

	% Performed by Applicant	% Performed by Subs
Lease Operators & Non Operators	%	%
Other (describe):	%	%

**M. LEASE OPERATOR / NON-OPERATOR**

(Complete only if Applicant is a Lease Operator / Non-Operator)

**NOTICE: In addition to completing the following, the Applicant must provide each of the following:**

- A complete schedule of all existing wells as operator and as non-operator, including state, county, total depth, lease block (if applicable), working interest and status (producing, shut-in, etc.).
- A complete schedule of estimated drilling activity for the next 12 months, including state, county, total depth and working interest.
- Separate schedules of town sites, H2S, saltwater disposals, injection, wet location wells, and horizontal wells, if any.

- Schedule of all gas processing, distillation and / or sweetening plants.
- Schedule of all transmission or distribution pipelines and associated compressor stations.
- Schedule of all offshore facilities, if any.

1. Operations:

- a. Are audited financial statements available?  Yes  No  
If no, please explain:
- b. Does the Applicant lease any employees?  Yes  No  
If yes, please explain:
- c. Estimated annual payroll: \$
- d. Does the Applicant carry Workers' Compensation insurance in compliance with the applicable state Workers' Compensation Act?  Yes  No
- e. Is the Applicant:
- (1) An **operator of record** owning working interest in wells, who manages lease operations for his co-owners of the working interest?  Yes  No
- (2) An **operator of record** owning working interest in wells, who utilizes a contract operator to manage lease operations?  Yes  No
- (3) An **operator of record** not owning working interest in wells, who utilizes a contract operator to manage lease operations?  Yes  No
- (4) A **promoter** selling drilling prospects to operators for a carried interest in the wells?  Yes  No
- (5) A **lease operator by contract** who does not have a working interest in the wells?  Yes  No
- (6) An **investor** owning a non-operating working interest?  Yes  No
- (7) An **operator** which has any service contractor subsidiary?  Yes  No
- (8) A **service contractor**?  Yes  No
- f. Is Non-Owned Auto coverage desired?  Yes  No  
If yes, please complete the Hired and Non-Owned Automobile Liability Supplemental Application.

2. As Operator:

- a. How are drilling / work over operations contracted?
- (1)  Day Work:  IADC  API
- (2)  Footage:  IADC  API
- (3)  Turnkey:  IADC  API
- (4)  Other (attach copy)
- b. How are servicing operations contracted?
- (1) Master Service Agreement (MSA)?  Yes  No  
If yes, what type is used?  IADC  AOSC  API  Other (attach copy)
- (2) Well Service Contract?  Yes  No  
If yes, attach copy.
- (3) Individual job order / purchase order?  Yes  No
- c. Does the Applicant require contractors and subcontractors to purchase the following:
- (1) Coverage for Explosion "X"?  Yes  No
- (2) Coverage for Blowout and Cratering "E"?  Yes  No
- (3) Coverage for Underground Resources "D"?  Yes  No

(4) Coverage for Saline Contamination "W"?  Yes  No

d. Does the Applicant require a Waiver of Subrogation from each driller and work over contractor?  Yes  No

e. Does the Applicant maintain an approved contractor's list?  Yes  No

f. Are all well sites fenced, including pump jacks, tank batteries, separators, etc.?  Yes  No

g. Is there any livestock in the lease area?  Yes  No

h. Does the Applicant do site preparation?  Yes  No

i. Are there any secondary recovery operations?  Yes  No

j. What is the amount the Applicant expects to spend as operator on independent contractors for:

Lease work: \$                      Work over: \$                      Drilling: \$

k. Indicate the number of **producing, saline** and **shut in wells** as a lease operator:

<u>State</u>	<u>Oil</u>	<u>Gas</u>	<u>Saline</u>	<u>Shut-In</u>	<u>Average Depth</u>
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l. Indicate the number of **plugged and abandoned wells** as a lease operator:

<u>State</u>	<u>Oil</u>	<u>Gas</u>	<u>Saline</u>	<u>Shut-In</u>	<u>Average Depth</u>
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m. Indicate the number of **wells to be drilled** as a lease operator:

<u>State</u>	<u>Estimated Depth</u>	<u>Vertical</u>	<u>Horizontal</u>
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n. Any wells within city or town limits?  Yes  No

If yes, provide the following information:

<u>Name</u>	<u>Location</u>	<u>Fenced</u>	<u>Surrounding Exposure</u>	<u>Diked</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

o. Total number of wells: (enter number of each below. If none, enter N/A.)

(1) Located within oceans, gulfs or bays:

(2) Within inland waterways, lakes or marsh areas:

(3) In or near railroad right-of-ways:

(4) Hydrogen wells:

p. Does the Applicant operator have a working interest in any gas processing, gasoline recovery plants or gas sweetening plants?  Yes  No

If yes, provide details:

3. As Non-Operator:

- a. Are Certificates of Insurance available from the operator of the well?  Yes  No
- b. Does the operator's policy have an Additional Insured – Working Interest Endorsement?  Yes  No
- c. Is the Applicant named as an Additional Insured on the operator's policy?  Yes  No
- d. Indicate the number of non-operated wells **with 0 – 25% working interest:**

<u>State</u>	<u>Oil</u>	<u>Gas</u>	<u>Saline</u>	<u>Shut-In</u>	<u>Average Depth</u>
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- e. Indicate the number of non-operated wells **with 26 – 50% working interest:**

<u>State</u>	<u>Oil</u>	<u>Gas</u>	<u>Saline</u>	<u>Shut-In</u>	<u>Average Depth</u>
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- f. Indicate the number of non-operated wells **with more than 50% working interest:**

<u>State</u>	<u>Oil</u>	<u>Gas</u>	<u>Saline</u>	<u>Shut-In</u>	<u>Average Depth</u>
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- g. Indicate the number of **wells to be drilled as non-operator:**

<u>State</u>	<u>Oil</u>	<u>Gas</u>	<u>Saline</u>	<u>Saline</u>	<u>Average Depth</u>
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- 4. Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf.

**Lease Operator/Non-Operator Classifications**

	% Performed by Applicant	% Performed by Subs
Lease Operators/Non Operators	%	%
Lease Prep. including roads, pits and flowlines	%	%

**N. PIPELINE OPERATOR**

**(Complete only if Applicant is a Pipeline Operator)**

1. Operations

- a. Are audited financial statements available?  Yes  No  
If no, please explain:
- b. Does the Applicant lease any employees?  Yes  No  
If yes, please explain:
- c. Estimated annual payroll: \$
- d. Does the Applicant carry Workers' Compensation insurance in compliance with the applicable state Workers' Compensation Act?  Yes  No

2. As Operator

Please provide the following information for each pipeline system or major system segment for which coverage is requested. The Applicant may substitute or include maps, charts and other material containing the required information.

a. (1) Location / System Name:

Buried 3" or more?  Yes  No Length: Miles Diameter: Inches  Poly  Steel

Product: Throughput:

Age: Operating pressure: Design pressure:

Number of compression stations: Average line compression (hp): Largest compressor (hp):

(2) Location / System Name:

Buried 3" or more?  Yes  No Length: Miles Diameter: Inches  Poly  Steel

Product: Throughput:

Age: Operating pressure: Design pressure:

Number of compression stations: Average line compression (hp): Largest compressor (hp):

(3) Location / System Name:

Buried 3" or more?  Yes  No Length: Miles Diameter: Inches  Poly  Steel

Product: Throughput:

Age: Operating pressure: Design pressure:

Number of compression stations: Average line compression (hp): Largest compressor (hp):

b. System type:  Gathering  Transmission  Distribution

c. Water or river crossings:  Yes  No

If yes, how many: Over the water: Under the water / river bottom:

d. Roads or highways crossings?  Yes  No

If yes, how many pass under State / Federal Highways? How deep are they buried?

e. Railroad crossings?  Yes  No

If yes, how many? How deep are they buried?

f. Does the Applicant sell products directly to end users?  Yes  No

(1) If yes, explain to whom, what and where:

(2) If gas, is it odorized?  Yes  No

3. Pipeline Safety

a. Pipeline safety features (if answers vary by pipeline system or major segment, include details):

(1)  Wrapped  Cathodic protection  24 hour human monitoring  High and low pressure alarms

(2) Pressure tested within the last 5 years?  Yes  No

(3) Internal inspection within the last 5 years?  Yes  No

(4) What is the percentage of shrinkage / leakage annually? %

(5) Subject to Pipeline Safety Act of 2001?  Yes  No

If yes, is the Applicant in compliance with recommendations regarding integrity testing and public education?  Yes  No

b. Describe safety / access control procedures at facilities (pig access sites, compression states, metering stations, etc.):

c. Describe corrosion protection system:

d. Describe leak detection, remote monitoring and automatic shut-down systems and procedures:

4. Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf.

**Pipeline Operator Classifications**

	% Performed by Applicant	% Performed by Subs
Pipeline Construction on land	%	%
Pipeline Construction over water	%	%
Pipeline Maintenance on land	%	%
Pipeline Maintenance over water	%	%

**O. SERVICE CONTRACTOR**

(Complete only if Applicant is a Service Contractor other than a Consultant Or Engineer, Drilling Contractor, Lease Operator/Non-Operator or Pipeline Operator)

1. a. Estimated annual payroll: \$

b. Does the Applicant carry Workers' Compensation insurance in compliance with the applicable state Workers' Compensation Act?  Yes  No

c. Please complete the Schedule below and allocate Applicant's operations or services by percentage of revenue generated by the particular operation or service performed by or on Applicant's behalf.

**Service Contractor Classifications**

	% Performed by Applicant	% Performed by Subs
<b>Contracting and Service Classes</b>		
Above Ground Storage Tank Installation	%	%
Acidizing	%	%
Analytical Laboratories	%	%
Blow Out Control Services Including Training	%	%
Casing Installation/Removal	%	%
Cementing	%	%
Cleaning/Snubbing/Capping of Wells	%	%
Completion/Perforating	%	%
Crane Operators/Riggers	%	%
Down Hole Tool Operating	%	%
Drilling/Re-drilling (Oil/Gas/SWD)	%	%

Electrical	%	%
Fishing/Tool Retrieval Contractors	%	%
Fracturing Services	%	%
General Repair Shops including Welders	%	%
Hot Oil Services	%	%
Hydrostatic Testing	%	%
Mud Loggers/Mud Men	%	%
Painting/Sandblasting	%	%
Pipeline Construction – Flowlines and Gathering Lines	%	%
Pipeline Construction – Transmission Lines	%	%
Plant Turnaround/Maintenance	%	%
Pumping/Gauging	%	%
Rig/Equipment Cleaning	%	%
Rig Erection/Tear Down Including Maintenance/Repair	%	%
Salt Water Hauling for Others	%	%
Soil Removal/Remediation	%	%
SWD Operation (not drilling)	%	%
Tank and/or Pipe Cleaning	%	%
Vacuum Services	%	%
Valve Installers/Re-packers (Contractors)	%	%
Welding – Over the Hole	%	%
Welding – Not Over the Hole	%	%
Well Completion	%	%
Well Plugging/Abandonment	%	%
Well Servicing/Work Over	%	%
Wireline/Slickline Services	%	%
<b>Manufacturing &amp; Re-Manufacturing</b>		
Machine/Fabrication Shop Services	%	%
Oilfield Products Manufacturing – New	%	%
Oilfield Products Remanufactures	%	%
Tank & Vessel Manufacturers	%	%
Tubular Goods Manufacturers/Remanufacturers	%	%
Tubular Goods -- Thread/Rethread/Straighten	%	%
Valve Manufacturers & Remanufacturers	%	%
<b>Sales, Rental &amp; Distribution</b>		
Crane Rental Companies (with or without operators)	%	%
Down Hole Equipment Dealers – New and Used	%	%

Down Hole Equipment Rental Companies	%	%
Equipment Dealers – New and Used (no remanufacturing)	%	%
Equipment Rental Companies – Pumps, Tools Motors, etc.	%	%
Mud Dealers	%	%
Pipe Dealers – New and Used (no remanufacturing)	%	%
Safety Equipment Dealers	%	%

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#### **FRAUD WARNINGS:**

**Notice to Arkansas and West Virginia Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Hawaii Applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to New York Applicants:** 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.

**Notice to Ohio Applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Applicants:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Notice to Pennsylvania Applicants:** 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 subjects such person to criminal and civil penalties.

**Notice to Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Notice to Applicants of all other 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 subjects the person to criminal and civil penalties.

**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.

**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.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date