

OIL & GAS OFFSHORE SUPPLEMENTAL APPLICATION

1. Name of Insured:

2. Years in business: _____

3. Description of operations. Detail the offshore & over-water operations:

4. Areas of Operations:

a. Land Based operations (Dry) _____ %

b. Inland "Brown Water" (Includes: Swamps, Marshes, Bayous, Bogs, Lakes, etc.) _____ %

c. Coastal Areas of U.S.A. / Gulf of Mexico; "Blue Water" _____ %

100%

5. Total projected gross payroll: _____

6. Historical & projected split payroll figures:

	Projected	Expiring	2 nd year prior	3 rd year prior	4 th year prior
Jones Act	\$	\$	\$	\$	\$
USL&H	\$	\$	\$	\$	\$
Land Based	\$	\$	\$	\$	\$

7. Historical & projected total gross sales:

	Projected	Expiring	2 nd year prior	3 rd year prior	4 th year prior
Annual Sales	\$	\$	\$	\$	\$

A) Of the total projected sales, what is the percentage of land based operations? _____%

B) Of the total projected sales, what is the percentage of offshore operations? _____%

OPERATIONS BY CLASSIFICATION

Please provide gross sales and payroll for the following:

	Payroll	Sales
Workover	_____	_____
Logging & Wireline Ops	_____	_____
Cementing	_____	_____
Cleaning/Swabbing	_____	_____
Fracturing	_____	_____
Acidizing	_____	_____
Perforating	_____	_____
Fishing & Specialty Tool Ops	_____	_____
Installation/Removal of Casing	_____	_____
Drilling / Re-drilling	_____	_____
Erection/Dismantling of Rigs/Derricks	_____	_____
Hot Oil Operations	_____	_____
Geological Exploration	_____	_____
Mud Engineering Ops	_____	_____
Consulting Ops (Inclusive of Safety Consulting)	_____	_____
Inspection Services (Inspecting Welds, Pipes, Vessels via X-Ray/Gamma Ray Technology etc.)	_____	_____
Inspection Services (Crane Inspection)	_____	_____
Torque Testing Equipment (BOP's Included)	_____	_____
Welding (Non-Critical e.g. Handrails, Steps, Fabrication/Repair of surface based equipment, etc.)	_____	_____
Welding "Over-The-Hole"	_____	_____
Pipeline Construction	_____	_____
Pipeline Operations (Anti-Corrosion Applicators, Hydro Static Testing, etc.)	_____	_____
Equipment Installation, Service or Repair Work	_____	_____

Electrical Operations	_____	_____
Telecommunication/Satellite (Equipment Installation & Providers)	_____	_____
Gallyhands (Cooking, Cleaning Janitorial, etc.)	_____	_____
Platform Lease Work Ops (Includes: Painting, Sandblasting, Carpentry, Pressure Washing, etc.)	_____	_____
Other Operations not described above (please explain)	_____	_____

8. What operations do you subcontract out?

Operations	Cost
_____	_____
_____	_____
_____	_____

9. Which of the following do you require from subcontractors:

- Certificates of Insurance
- Additional Insured status for yourself on the subcontractors insurance policy
- Waiver of Subrogation provisions on the subcontractors insurance policy
- Pollution
- Underground Resources & Equipment

10. What limits of insurance do you require for your subcontractors?

11. Does the insured engage in any diving operations?

Yes No

12. Does the insured perform any subsea work?

Yes No

13. Does the insured perform any international operations?

Yes No

14. Total number of employees: _____

15. Maximum number of employees exposed overwater at any one time: _____

16. Fixed or Permanent Platform Vs. Vessel Operations Split:

Fixed Platform Operations	_____%
Vessel Operations	_____%

17. Does the insured own and/or operate any watercraft (The definition of a watercraft includes any vessel or special structure other than a fixed, permanent platform, which is capable of navigation either under its own power or being towed. Jack-ups, semi-submersibles and/or other barges are deemed to be watercraft for the purpose of the above question)
 Yes No
18. Does the employer transport employees by vessel?
 Yes No
19. Are employees leased or borrowed by other insureds?
 Yes No
20. Does employer rent owned vessels with operator to others?
 Yes No
21. What special safety procedures has the insured implemented with regard to offshore work?

22. Do you have a formal/written safety program in place?
 Yes No
23. Are there periodic safety meetings?
 Yes No
If "Yes," how often? _____
24. What is the current WC modifier? _____
25. Within the past 5 years, has the insured received any OSHA penalties, fines or citations?
 Yes No

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully 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.

Colorado

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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

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.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Ohio

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.

Oklahoma

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.

Pennsylvania

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.

Maine, Tennessee, Virginia, Washington

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.



Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Signature Date

Agent or Broker's Name (Please print) Signature Date