



Oil & Gas Contractors Supplemental Application

General Information

Named Insured: _____
(If more than one – please provide a % of ownership for each name.)

Number of years you have operated under this name: _____

Please provide any other name(s) you have used previously as well as details of such operations: _____

Office Address: _____

Mailing Address: _____

States in which you work: _____

Years experience in the field: _____
(If less than 5 years – please attach resume.)

Web Address (if available): _____

Does the insured perform any work off shore or in any bay, marsh, or any other body of water? _____
If Yes, explain _____

Does the insured perform any work within 1000 feet of an occupied structure? _____
If Yes, Please explain _____

Exposure Information

Gross receipts projected next twelve months: _____

First prior year: _____

Second prior year: _____

Annual Payroll less any owner/officers projected for the next twelve months: _____

First prior year: _____

Second prior year: _____

Number of Owners/Officers of the company: _____

Type of Work	% of Operations	Payroll	Receipts
Cementing			
Cleaning/Swabbing			
Rig Erection/Dismantling			
Fracturing			
Acidizing			
Hot Oil Works			
Casing Installation/Recovery			
General Site Preparation			
Well Logging Services			
Perforation Services			
Equipment Rental			
Fishing Contractors			

Trucking			
Welding			
Fabrication/Manufacturing			
Pumper/ Gauger Operations			
Wireline Services			
Flowback Work			
Geophysical Exploration			
Drilling			
Roustabout			
Tank Battery Erection			
Pipe Line Construction			
Other (please advise below)			

Other Operations: _____

Any Operations performed in the following States:

Pennsylvania? _____

New York? _____

California? _____

Nevada? _____

If a Trucker, what type of materials do they transport? _____

Does the Insured haul any Hazardous Materials? _____

How are the Materials transported? i.e. Flatbed, tank trailer etc? _____

Pollution Exposures

Do you have an emergency response/spill prevention plan? _____

If yes, when was it last updated? _____

If you have purchased producing wells in the past year, was an environmental impact study completed? _____

Were there any issues indicated on the report? _____

If yes, please describe: _____

If you have any disposal wells, are others allowed to use? _____

If yes, what controls are in place? _____

Revenues from disposal well operations? _____

Independent Sub-Contractors Information

Are MSA's used with sub-contractors? _____

Are Certificated of Insurance required and maintained on file? _____

Are required minimum limits of liability coverage equal to your own? _____

Do you require that they have coverage for underground property damage? _____

Do you require that they have coverage for pollution hazards? _____

Are you named as an Additional Insured with Waiver of Subrogation on the contractor's CGL policy? _____

Cost of independent Contractors? _____

Employment Practices/Safety Program

Total Number of Employees: _____
Percentage of Turnover in the last 12 months _____
Are applications reviewed prior to employment? _____
Are references checked prior to hiring? _____
Are Physical Exams done prior to hiring? _____
IS your safety program in writing? _____
Is safety training given to all employees? _____
How often are safety meetings held? _____
Are Pre-employment MVR's run on all people in driving positions and maintained on file? _____
Are the MVR's reviewed Annually? _____
Does the insured perform Drug and Alcohol testing? _____
 Pre-employment _____ Post-accident _____ Reasonable Suspicion _____ Random _____
How are employees and equipment operators trained? _____

What is the average experience of the operators? _____

Insured's Signature

Date