

**Houston International Insurance Group.  
Global Energy.**

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**CONTROL OF WELL APPLICATION FORM**

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(Please type or print)

New \_\_\_\_\_ Renewal \_\_\_\_\_

Dun & Bradstreet No \_\_\_\_\_ Tax I.D.No. \_\_\_\_\_

Applicant's Web site Address \_\_\_\_\_

Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

Year founded \_\_\_\_\_

1. Complete name and current address of Applicant(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact / Phone: \_\_\_\_\_

2. Additional Insureds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe Applicant's business and/or interest with regard to oil and gas wells:  
\_\_\_\_\_  
\_\_\_\_\_

4. Applicant is primarily (check one): \_\_\_\_\_ operator \_\_\_\_\_ contract operator  
\_\_\_\_\_ non-operator with a working interest

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5. If the Applicant is a Contract Operator, please describe their operations: \_\_\_\_\_

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6. Does the Applicant own Drilling Contractor operations or engage in drilling contractor work for others? If so, please describe their operations: \_\_\_\_\_

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7. Limit(s) Desired (100%): \_\_\_\_\_

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8. Retention(s) Desired (100%): \_\_\_\_\_

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**9. Standard Coverages include:**

- Control of Well
- Sudden & Accidental Seepage and Pollution
- Cost of Redrill and/or Restoration on Replacement Cost basis
- Underground Blowout
- Evacuation Expense
- Making Wells Safe
- Deliberate Well Firing
- Care, Custody & Control - Additional Limit option: \_\_\_\_\_

Deductible: \_\_\_\_\_

Check options our quotation should include: \_\_\_\_\_ 130% Cost of Redrill  
\_\_\_\_\_ Removal of Wreck/Debris  
\_\_\_\_\_ Contingent Control of Well for  
Drilling Contractor Applicants

Other: \_\_\_\_\_

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10. Please give total estimate for this year and next year and actual for last year in respect of all proposed Applicants:

	Prior Year	Current Year
A. Annual Receipts or Sales	_____	_____
B. Gross Drilling Footages	_____	_____
C. Net Drilling Footage	_____	_____
D. Gross Producing footage	_____	_____
E. Net Producing footage	_____	_____

11. Please provide an electronic version of the Applicant's well schedule in an Excel spreadsheet indicating the following:

Number of wells to be drilled	Applicant's interest in each well
AFE of each well to be drilled	Location of all wells
Number of producing wells	TMD and TVD of all wells
Number of wells to be worked over	Indicate whether wells are Horizontal, Directional, or Vertical

12. Has Control of Well Insurance been purchased previously?    \_\_\_ Yes    \_\_\_ No

Previous Carriers: \_\_\_\_\_  
 \_\_\_\_\_

13. Has any Insurer ever canceled or refused to renew coverage? (if yes, give details)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Provide complete details with regard to any and all OEE losses (insured and uninsured) the Applicant has suffered in the past five (5) years (include date, location, type of loss, original gross claim, Applicant's interest or net claim, current status of claim):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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15. Drilling Contractor(s) Applicant is planning to use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Types of Drilling Contracts to be Utilized: (Check Where Applicable)  
\_\_\_\_\_ Daywork \_\_\_\_\_ Footage \_\_\_\_\_ Turnkey

17. Does the Applicant's operations include any secondary or tertiary recovery activities? If yes, please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Does the Applicant intend to cover all drilling, workover, producing/shut-in/injection/salt water disposal/termorarily abandoned, and plugged and abandoned wells under this policy? If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The person completing this application on behalf of all persons and/or entities for whom coverage is requested affirms that al the information contained herein is complete and correct to the knowledge of all persons and/or entities who may be covered.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Name and address of Agent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information herein is for the purpose of obtaining a proposal or quotation for insurance from any one of several insurance companies and creates no obligation on the part of the Insured unless proposal or quotation is offered and accepted.