

**A. APPLICANT**

1. Insured Name: \_\_\_\_\_
2. Is Named Insured status requested for any other entities?  YES  NO
3. Do any requested Named Insureds have subsidiary, related, or affiliated companies which are not not stated in 1. or 2. above?  YES  NO  
(If yes attach name and operation of each.) \_\_\_\_\_
4. Do you have a formal company safety program?  YES  NO  
If yes, who administers? \_\_\_\_\_
5. Do you hold regular safety meetings?  YES  NO  
Meeting frequency? \_\_\_\_\_
6. Are you subject to Dept. of Transportation regulation?  YES  NO
7. What is your annual employee turnover? \_\_\_\_\_%
8. What is the average length of employment for your: Toolpushers? \_\_\_\_\_ Drillers? \_\_\_\_\_
9. Do you lease any employees from others?  YES  NO
10. Do you perform employee drug/alcohol testing?  YES  NO  
If yes, attach testing program details.

**B. OPERATIONS INFORMATION**

1. What is your: Total number of rigs? \_\_\_\_\_ Average number of rigs running? \_\_\_\_\_
2. Indicate number of wells drilled in *last year* by total depth:  
0' - 3000' \_\_\_\_\_ 3001' - 7500' \_\_\_\_\_  
7501' - 12000' \_\_\_\_\_ over 12000' \_\_\_\_\_
3. Indicate number of wells expected to be drilled in coming year by total depth:  
0' - 3000' \_\_\_\_\_ 3001' - 7500' \_\_\_\_\_  
7501' - 12000' \_\_\_\_\_ over 12000' \_\_\_\_\_
4. What percentage of your work is contracted as: footage \_\_\_\_\_
5. What percentage of your work is contracted as indicated below? (total = 100%)  
no contract \_\_\_\_\_ letter agreement \_\_\_\_\_ API or IADC contract \_\_\_\_\_ other \_\_\_\_\_  
\*attach samples of any non-API and non-IADC contracts used

6. Do you perform, or sub-out to others, any operations at "wet" locations?  YES  NO  
 If yes, describe below. (Wet locations are any in, over or upon any watercourse, body of water, bog, marsh, swamp or wetland.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. SUBCONTRACTOR INFORMATION**

1. Indicate below the operations you typically subcontract out:  
 cementing                       electrical                       instrument logging  
 mechanical                       mud logging                       rat-hole drilling  
 rig erection & dismantling    rig moving                       running casing  
 site preparation                       welding                       wire-line services  
 other (describe) \_\_\_\_\_

2. Indicate which of the following you require of your **SUBCONTRACTORS**:  
 Certificate of Insurance  
 Additional Insured status for yourself on subcontractor's insurance  
 Waiver of subrogation provisions on subcontractor's insurance  
 Subcontractor insurance endorsed to be primary

3. Do you require subcontractors to have a Master Service Agreement (MSA) completed and on-file in your office before they begin work for you?  YES  NO  
 a. If "Yes" what form of MSA do you use?  API  IADC  Other (attach)  
 b. If "Yes", describe your company MSA guidelines: do you require MSA's from all subs? only from subs who perform specific operations? based on expenditure threshold? based on other factors?  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Indicate the insurance coverages and limits you require for subcontractors?

| Coverages  | Limits Required |
|--|-----------------|
| <input type="checkbox"/> General Liability             | _____           |
| <input type="checkbox"/> Blanket Contractual           |                 |
| <input type="checkbox"/> Products/Completed Operations |                 |
| <input type="checkbox"/> Underground Resources         |                 |
| <input type="checkbox"/> Pollution                     | _____           |
| <input type="checkbox"/> Auto Liability                | _____           |
| <input type="checkbox"/> Workers Compensation          | _____           |
| <input type="checkbox"/> Umbrella Liability            | _____           |

**DECLARATION and SIGNATURE**

I have read the above Application. I declare that to the best of my knowledge and belief the statements and information in this Application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this Application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

\_\_\_\_\_  
Signature for First Named Insured  
(May not be signed by Producer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Submitted by:

\_\_\_\_\_  
Producer

**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.**