

Oil & Gas Lease Operator Supplemental Questionnaire 800 Gessner Suite 600 · Houston, Texas 77024

Submissions: marketing@hiig.com

Appl	icant/Insured Name:		
IS TH	E INSURED: (Check all that apply)	YES	NO
a)	a landowner or an investor owning a non operating working interest?		
b)	a promoter selling operating interests?		
c)	a developer who contracts to have wells drilled and placed in production?	<u> </u>	
d)	an operator who manages producing wells for others who have a non operating interest?	 	
e)	lease operator by contract?	 	
f)	pumper/gauger for others?	<u> </u>	
YEAR	S IN BUSINESS: YEARS OF EXPERIENCE:		
LIST	THE NUMBER OF:		
a)	Producing wells: Oil Gas SWD		
b)	Wells to be drilled this policy period: Oil Gas SWD		
c)	Plugged and/or abandoned wells:		
d)	Do you have any wells operating on enhanced recovery with:	YES	NO
	CO2 injection?		
	Nearby habitation exposure?		
e)	Do you operate any hydrogen sulfide wells (H2S)?		
	If yes, number of wells?		
	Concentrations? ppm		
f)	Number of H2S wells listed above located inside city limits:		
NONO	OPERATING WORKING INTEREST OWNER INFORMATION:		
a)	Number of wells: Oil Gas SWD		
•		YES	NO
b)	Do you obtain and regularly update Certificates of Insurance from all well operators?		
c)	Are you named as an additional insured – non operating interest on the operator's policy?		
d)	Indicate states where well(s) are located:		
e)	Are any wells located within the corporate limits of any city or town?		
	If yes, how many?		

f)	Are any wells located in any ocean, gulf, bay, marsh or other body of water?		
	If yes, how many?		
OPE	RATOR INFORMATION:		
a)	Indicate state(s) where the well(s) are located:	YES	NO
b)	Are any wells located within the corporate limits of any city or town?		
	If yes, how many?		
c)	Are any wells within 1,000 feet of occupied structure?		
d)	Are any wells located in any ocean, gulf, bay, marsh or other body of water?		
e)	Do you supply house gas?		
	If yes, how many taps?		
	If yes, is there a hold-harmless agreement in your favor for all taps?		
	If yes, is there a pressure regulator for each tap?		
	If yes, is there a written requirement for the homeowner to odorize the gas?		
f)	Are well sites fenced, including pump jacks, tank batteries, separators, etc?		
g)	Are tank batteries diked?		
h)	Are there any livestock on the lease area?		
i)	Are your locations frequently inspected/documented? Frequency?		
j)	How many wells have you had drilled within the last 12 months?		
	EPENDENT CONTRACTORS AND/OR CONTRACT PUMPERS:		
a)	Are they required to sign standard Master Service Agreements before they begin work for you?		
	(Submit copies of contractual indemnity agreements you use if other than standard IADC,		
	API, AESC and insurance requirements).		
b)	Are they required to carry limits of liability coverage equal to your own?		
c)	Do you require that they have coverage for Underground Property Damage?		
d)	Do you require that they have coverage for Pollution hazards?		
e)	Do you obtain and regularly update Certificates of Insurance from your contractors?	_	
f)	Waiver of Subrogation required from drillers, workover contractors or other support services?		
g)	Are you named as an additional insured on contractors' policies?		
h)	Do you hire contractors providing hydraulic fracturing on your behalf?		
	If so, is the contractor in compliance with the 2015 federal fracturing		
	rules on federal lands?		
	AMOUNT INSURED EXPECTS TO SPEND ON INDEPENDENT CONTRACTORS:		
a)	Workover \$		
b)	Lease operations \$		
•			
c)	Drilling \$		

DOES	THE INSURED OPERATE, OR HAVE AN INTEREST IN:	YES	NO
a)	Any gas processing, squeezing or sweetening facilities?		
	If yes, please provide details:		
b)	Gasoline recovery [distillate] plants?		
	If yes, please provide details:		
c)	Do you operate any gathering systems that are primarily servicing 3rd party wells?		
	If yes, number of gathering systems? If yes, how many miles of gathering systems?		
d)	Any DOT regulated systems?		
г	Details including miles of pipe & pipe diameter:	ſ	
ENVIR	RONMENTAL CONCERNS:	YES	NO
a)	Do you have a Spill Prevention Control and Countermeasure Plan?		
	Last update?		
b)	Have you experienced any spills, releases or other environmental impacts?		
c)	Are any locations effected by NORM?		
d)	Are your operations in compliance with SARA Emergency Planning and		
0)	Community Right-to-Know Act? If you have disposal wells, are others allowed to use?		
e)			
	If yes, what controls are in place?		
f)	Have you purchased producing wells in the past year?		
,	If yes, was an environmental study done?		
	If problems indicated, describe:		
	Insured Signatu	re / Date	
	Agent Signatur	re/ Date	