



### Oil & Gas Supplemental Questionnaire

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Submissions: marketing@hiig.com

#### GENERAL INFORMATION AND OPERATIONS:

Applicant/Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please provide a narrative of the applicants operations (Include all entities):

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

Individual:  Partnership:  Joint Venture:  Corporation:  Other:

Years in business: \_\_\_\_\_ (If under 5 years, please provide resume(s) of Principal(s) and/or Partners)

Years of experience of Principal(s): \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Any leased employees? \_\_\_\_\_

List ALL states that the insured operates in: \_\_\_\_\_

Service sector(s): Residential: \_\_\_\_\_ %

Commercial: \_\_\_\_\_ %

Industrial: \_\_\_\_\_ %

Describe any/all residential operations:

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

Do you perform any work in refineries and/or petrochemical plants?  YES  NO

Are any operations performed offshore or over water including:  
Inland waterways, marshes, swamps, bogs, or other bodies of water?  YES  NO

# SERVICE CONTRACTING OPERATIONS

(Select all that apply)

	Applicant	Gross Payroll
Acidizing/Fracturing	<input type="checkbox"/>	_____
Number of Acidizing Units:	_____	
Number of Fracturing Units:	_____	
Company in compliance with the new 2015 federal hydraulic fracturing rules applying to federal lands?		
	YES	NO
Blowout Preventer Service/ Installation	<input type="checkbox"/>	_____
Bridge Plug Installation	<input type="checkbox"/>	_____
Casing Installation/Removal	<input type="checkbox"/>	_____
Casing Packing	<input type="checkbox"/>	_____
Cementing	<input type="checkbox"/>	_____
Number of Cementing Units:	_____	
Cleaning/Swabbing	<input type="checkbox"/>	_____
Number of Cleaning/Swabbing Units:	_____	
Derrick Erection or/or Dismantling	<input type="checkbox"/>	_____
Dredging	<input type="checkbox"/>	_____
Fire Fighting	<input type="checkbox"/>	_____
Fishing	<input type="checkbox"/>	_____
Gas Processing	<input type="checkbox"/>	_____
Gas Sweetening	<input type="checkbox"/>	_____
Gauging/Contract Pumper	<input type="checkbox"/>	_____
Heat Treating	<input type="checkbox"/>	_____
Hot Oil	<input type="checkbox"/>	_____
Number of Hot Oil Units:	_____	
Hydrostatic Testing	<input type="checkbox"/>	_____
Instrument Logging	<input type="checkbox"/>	_____
Number of Logging Units:	_____	
Nipple Up Plumbing	<input type="checkbox"/>	_____
Nitrogen/CO2 Injection	<input type="checkbox"/>	_____
Packer Installation	<input type="checkbox"/>	_____
Painting/Sand Blasting	<input type="checkbox"/>	_____
Paraffin Treatment	<input type="checkbox"/>	_____
Perforating	<input type="checkbox"/>	_____
Number of Perforating Units:	_____	

Pile Drilling  
 Pipe Fitting  
 Pipe Straightening  
 Pipe Threading/Cutting  
 Snubbing

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

_____
_____
_____
_____
_____

**SERVICE CONTRACTING OPERATIONS**

(Select all that apply)

Squeeze Cementing  
 Squib Shot Workover  
 Steam Treating  
 Surveying  
 Tank Cleaning  
 Tool Dressing  
 Vacuum Truck

Applicant

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Gross Payroll

_____
_____
_____
_____
_____
_____
_____
_____

Number of Vacuum Units: \_\_\_\_\_

Welding  
 Well Completion  
 Well Plugging  
 Wireline - Explosive  
 Wireline - Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

_____
_____
_____
_____
_____

Number of Wireline Units: \_\_\_\_\_

Workover - Tubing/Pumps

<input type="checkbox"/>
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_____
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Number of Workover Units: \_\_\_\_\_

Painting/Sandblasting:

In Shop

\_\_\_\_\_ %

In Field

\_\_\_\_\_ %

What safety steps are taken for overspray?

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How are waste materials collected and disposed?

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**OIL OR GAS WELL SUPPLIES OR EQUIPMENT DEALERS**

New  
 Used  
 Mud  
 Chemicals

Gross Sales

_____
_____
_____
_____

# Gas or Oil Lease Work by Contractors - Not Lease Operations (Roustabouts)

	Applicant	Gross Payroll
Backhoe/Backfilling	<input type="text"/>	_____
Crane Operations	<input type="text"/>	_____
Flowline/Waterline	<input type="text"/>	_____
Fluid and/or Saltwater Disposal	<input type="text"/>	_____
Land Cleaning	<input type="text"/>	_____
Lease Beautification	<input type="text"/>	_____
Levee Construction	<input type="text"/>	_____
Pump Installation/Service	<input type="text"/>	_____
Road Building	<input type="text"/>	_____
Slush Pit Construction	<input type="text"/>	_____
Saltwater Hauling for Other	<input type="text"/>	_____
Number of Saltwater Hauling Units:	_____	
Trucking for Others	<input type="text"/>	_____
Other:	<input type="text"/>	_____

Describe: \_\_\_\_\_

In addition to Lease Work, does the applicant do any street or road work for land development, residential development or commercial development projects?  YES  NO

## WELDING/CUTTING:

In Shop \_\_\_\_\_ %  
 In Field \_\_\_\_\_ %

What percentages of the applicant's operations involve welding? \_\_\_\_\_ %

Number of years experience as a welder? \_\_\_\_\_

What welding industry standards does the applicant operate under? \_\_\_\_\_

What does the applicant weld? \_\_\_\_\_

Does the applicant do any welding on pipelines or containers which have previously, or still carry any flammable liquids or gases?  YES  NO

Does the applicant do any "hot tap" work?  YES  NO

If yes, who is responsible for closing valves and bleeding pipelines or testing of containers to make sure they are safe for welding operations?

Percentage of new construction: \_\_\_\_\_ %

Percentage of repair and/or maintenance: \_\_\_\_\_ %

Any welding over-the-hole?  YES  NO

If yes, what percentage of work is over-the-hole? \_\_\_\_\_ %

Does the applicant do any welding in refineries and/or petrochemical plants?  YES  NO

List the companies for which the applicant operates under a contract or agreement to do welding: \_\_\_\_\_

**PIPELINE INFORMATION:**

Type of Pipeline:	Miles	Maximum Diameter	Maximum Operating PSI	Maximum Design PSI
Gathering Lines (runs between well sites)	_____	_____	_____	_____
Transmission Lines (long distance)	_____	_____	_____	_____
Distribution (runs to end users)	_____	_____	_____	_____

What is the annual amount of pipeline constructed that is:	Gross Payroll
Less than 4 inches in diameter?	_____
4-10 inches in diameter?	_____
More than 10 inches in diameter	_____

What percentage of pipeline is:

Above ground:	%	Below ground:	%
_____	_____	_____	_____

Does the pipeline supply any end users?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, does the applicants interest in the pipeline end at the meter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the pipeline transport the applicants own product?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the pipeline run through any cities, rivers, any other bodies of water?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**INDEPENDENT CONTRACTORS:**

Amount of work subcontracted out (Gross Receipts) \$ \_\_\_\_\_

How are drilling jobs contracted?  Turnkey  Day Work  Footage

Do you require all subcontractors to sign a Master Service Agreement?  
 If so, which one?  API  IADC  AOSC  Other

Which of the following do you require from subcontractors:

- Certificates of Insurance
- Additional Insured status for yourself on the subcontractors insurance policies
- Waiver of Subrogation provisions on the subcontractors insurance policies

Subcontractors required insurance limits equal or greater than what you carry? \_\_\_\_\_  YES  NO

## SAFETY & LOSS CONTROL PROVISIONS:

Is there a formal safety program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is a formal Safety Director employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there an employee training program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are pre-employment drug screens performed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the Insured follow OSHA standards for promoting a safe workplace?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the Insured have a Certified Drug-Free workplace?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the Insured conduct accident investigations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the public kept at a safe distance from all of the Insured's work areas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is all equipment maintained and in good condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the premises in good condition and well maintained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have there been any claims for Underground Resources and Equipment in the last 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have there been any spills of crude oil, operational or waste product resulting in pollution claims against the Insured within the last 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the Insured currently involved in any open litigation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

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Is the Insured currently aware of any situation that may result in future litigation?  YES  NO

If yes, please explain:

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## AUTO SUPPLEMENTAL QUESTIONNAIRE

### DRIVER SCREENING/HIRING PRACTICES

Is there a written driver safety program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does it address personal use of company vehicles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are MVR's checked prior to hiring?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are MVR's reviewed annually on all employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are physical exams done pre-hire?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are drug & alcohol tests done pre-hire?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are drug & alcohol tests randomly conducted on all employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are drug & alcohol tests conducted post accident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## DRIVER/VEHICLE USAGE

Are drivers paid by the hour?

 YES NO

Are drivers paid on a trip/mileage/commission basis?

 YES NO

Do non-management employees drive company vehicles?

 YES NO

Are non-management employees allowed to take company vehicles home?

 YES NO

Is personal use of company vehicles allowed?

 YES NO

Are family members allowed to drive company vehicles?

 YES NO

If yes, explain:

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Do any employees drive personal vehicles for company business?

 YES NO

If yes, explain:

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Are Certificates of Insurance obtained for such employee vehicles?

 YES NO

What minimum liability limit is required?

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## SAFETY/TRAINING

Is Defensive Driving training provided?

 YES NO

Are drivers trained to drive the vehicles prior to use?

 YES NO

Is loading/unloading of delivered equipment performed?

 YES NO

Are employees allowed to assist customers load/unload equipment?

 YES NO

Is there a cell phone use policy?

 YES NO

Please explain:

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## VEHICLE MAINTENANCE/EQUIPMENT

Is there a formal vehicle maintenance program?

 YES NO

Are records maintained on each vehicle?

 YES NO

Are regular pre-trip and post-trip inspections conducted?

 YES NO

Who is accountable for monitoring the vehicle maintenance program?

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Who performs repairs and inspections?

## OPERATIONS

Is pre-trip planning of routes done for oversized and over height loads?

 YES NO

Are hazardous materials hauled?

 YES NO

If yes, explain:

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## DRIVER ACCOUNTABILITY

Are all accidents investigated?

 YES NO

What post accident review actions are taken?

 YES NO

If yes, explain:

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Are driver performance criteria enforced?

 YES NO

Do personal moving violations and accidents affect the employee's use of a company vehicle?

 YES NO

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Insured Signature / Date

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Agent Signature/ Date