

OIL & GAS SERVICE CONTRACTOR SUPPLEMENTAL

(To Be Accompanied By ACORD Forms As Applicable)

REQUIRED FOR QUOTATION:

The following schedules must be provided in order to receive a quotation for coverage within our program:

A. First Named Insured and All Other Named Insured's:

1. A complete schedule of all proposed Named Insured's **PER THE FOLLOWING;** including a complete description of all operations for each.

FIRST NAMED INSURED:

- Name of person(s) or organization proposed to be the First Named Insured on the policy.
- A full description of 'all' operations and exposures of the proposed First Named Insured.

ALL OTHER NAMED INSURED: (not including those persons or organizations to be provided Additional Named Insured status when required by 'written' contract)

- Name of 'all' other person(s) or organization(s) proposed to be Named Insured's on the policy.
- A full description of 'all' operations and exposures of the proposed Named Insured's.
- Documentation of the relationship of the proposed Named Insured to the First Named Insured (must show that these persons or organizations are combinable with the First named Insured).

ADDITIONAL NAMED INSURED'S TO BE 'SPECIFICALLY' NAMED:

(meaning any person(s) or organizations that require the First Named Insured to provide a specific endorsement specifically naming that person(s) or organization as an Additional Named Insured)

- Name of 'all' other person(s) or organization(s) proposed to be shown on the policy as a Specific Additional Named Insured.
- Documentation of the relationship of the proposed Specific Additional Named Insured to the Named Insured (must include a full description of 'all' operations and exposures of the proposed Named Insured for this person(s) or organization(s), and provide copy of the section of the contract that is making this requirement of the Named Insured).

Revision October 20, 2004

GENERAL INFORMATION AND OPERATIONS

Named Insured: _____

Physical Address: _____

Mailing Address: _____

Complete Description of Operations:

___ Individual ___ Partnership ___ Joint Venture ___ Corporation ___ Other: _____

Years in Business: _____ Year of Experience of Principals: _____

List all states where Applicant has any operations: _____

Average Number of Field Operations Employees: _____

Field Operations Gross Payroll: \$ _____ Gross Receipts: \$ _____

What percentage of work is offshore? _____ % What percentage of work is wet or marshland? _____ %

ENGINEERING & INSPECTION INFORMATION

Contact: _____

Name	Title	Address	Phone Number
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Do you have a formal/written safety program? ___ Yes ___ No

Do you have a Safety Director on staff? ___ Yes ___ No

Are periodic safety meetings conducted? ___ Yes ___ No

If yes, how often? _____ Are all employees required to attend? _____

SUBCONTRACTOR INFORMATION

1. Indicate below the operations you typically subcontract out:

- | | | | |
|--------------------|----------------------|------------------------|--------------------------------|
| ___ Cementing | ___ Electrical | ___ Instrument Logging | ___ Mechanical |
| ___ Mud Logging | ___ Rathole Drilling | ___ Rig Moving | ___ Rig Erection & Dismantling |
| ___ Running Casing | ___ Site Preparation | ___ Welding | ___ Wireline Services |
| ___ Other: _____ | | | |

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 sign and have a **Master Service Agreement (MSA)** 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 a copy)
- (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. List the insurance coverage and limits you require for subcontractors:

<u>Coverages</u>	<u>Limits Required</u>
<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	\$ _____

OPERATIONS BY CLASSIFICATION

In the spaces provided indicate by placing an (X) mark for the operations the **Applicant** is involved in. Also, provide the **Gross Payroll** and **Gross Receipts** for those operations the applicant is involved in.

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells Servicing by Contractors (13821s / 98161)			
Bleeding or Vending	_____	\$ _____	\$ _____
Blowout Preventor Installation	_____	\$ _____	\$ _____
Casing Packing	_____	\$ _____	\$ _____
Dredging	_____	\$ _____	\$ _____
Fishing	_____	\$ _____	\$ _____
Gas Processing / Squeezing / Sweeting	_____	\$ _____	\$ _____
Gauging	_____	\$ _____	\$ _____
Hot Oil	_____	\$ _____	\$ _____
Hydrostatic Testing	_____	\$ _____	\$ _____
Nitrogen / CO2 Injection	_____	\$ _____	\$ _____
Packer Installation	_____	\$ _____	\$ _____
Painting / Sand Blasting	_____	\$ _____	\$ _____
Paraffin Treatment	_____	\$ _____	\$ _____
Pipe Fitting / Straightening / Threading / Cutting	_____	\$ _____	\$ _____

Pile Drilling	_____	\$ _____	\$ _____
Plumbing	_____	\$ _____	\$ _____
Salt Water Disposal	_____	\$ _____	\$ _____
Tank Cleaning	_____	\$ _____	\$ _____
Vacuum Truck	_____	\$ _____	\$ _____
Welding	_____	\$ _____	\$ _____
Wireline - Explosive	_____	\$ _____	\$ _____
Wireline - Other	_____	\$ _____	\$ _____
Well Completion	_____	\$ _____	\$ _____
Well Plugging	_____	\$ _____	\$ _____
Workover – Tubing/Pumps	_____	\$ _____	\$ _____
Other: _____	_____	\$ _____	\$ _____

1. Number of Hot Oil Units: _____ 2. Number of Vacuum Units: _____

3. Number of Salt Water Hauler Units: _____ 4. Number of Wireline Units: _____

5. Number of Workover Units: _____

6. Painting / Sandblasting: _____ % In Shop _____ % In Field

6a. What safety steps are taken for overspray? _____

7. Welding / Cutting: _____ % In Shop _____ % In Field

7a. What percentage of the applicant's operations involve welding? _____

7b. Number of years experience as a Welder? _____

7c. What welding industry standards does the applicant operate under? _____

7d. What does the applicant Weld? _____

7e. Does the applicant do any welding on pipelines or containers which have previously, or still carry any flammable liquids or gases? _____

7f. Does the applicant do any "hot tap" work? _____ If yes, who is responsible for closing valves and bleeding pipelines or testing of containers to make sure they are safe for welding operations?

7g. Percentage of new construction _____% vs. repair and/or maintenance _____%.

7h. Any welding over-the-hole? _____ If yes, what percentage of work is over-the-hole? _____%

7i. Does the applicant do any welding in refineries or petrochemical plants? _____

7j. List the companies for which the applicant operates under a contract or agreement to do welding.

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Gas or Oil Lease Work by Contractors - Not Lease Operations (13911s / 98152)			
Backhole / Backfilling	_____	\$ _____	\$ _____
Land Cleaning	_____	\$ _____	\$ _____
Road Building	_____	\$ _____	\$ _____
Levee Construction	_____	\$ _____	\$ _____
Slush Pit Construction	_____	\$ _____	\$ _____
Flowline / Waterline	_____	\$ _____	\$ _____
Lease Beautification	_____	\$ _____	\$ _____
Pump Installation / Service	_____	\$ _____	\$ _____
Other: _____	_____	\$ _____	\$ _____

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

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells - Cementing (13861s / 98154)	_____	\$ _____	\$ _____

Number of Cementing Units: _____

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells - Acidizing (13861s / 98153)	_____	\$ _____	\$ _____

Number of Fracturing / Acidizing Units: _____

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells Cleaning or Swabbing –			
NOC (13881s / 98155)	_____	\$ _____	\$ _____
In Town (13872 / 98156)	_____	\$ _____	\$ _____

Number of Cleaning / Swabbing Units: _____

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells - Instrument Logging or Survey Work ing Wells (13841 / 98159)	_____	\$ _____	\$ _____

Number of Logging Units: _____

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells - Perforating of Casing (13891s / 98160)	_____	\$ _____	\$ _____

Number of Perforating Units: _____

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Pipeline Construction (98423 / 98425)			
Interstate	_____	\$ _____	\$ _____
Intrastate	_____	\$ _____	\$ _____

1. What is the annual amount of pipeline constructed that is less than 4 inches in diameter? _____ Miles
2. What is the annual amount of pipeline constructed that is 4-10 inches in diameter? _____ Miles
3. What is the annual amount of pipeline constructed that is more than 10 inches in diameter? _____ Miles
4. What percentage of pipeline that is 'above' ground? _____ %
5. What is the average depth pipeline is below ground? _____ Feet _____ Inches

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Geophysical Exploration (13831 / 95358)			
Seismic (Explosive)	_____	\$ _____	\$ _____

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells Supplies or Equipment Dealers (50871 / 15188)			
New	_____	\$ _____	\$ _____
Used	_____	\$ _____	\$ _____
Mud	_____	\$ _____	\$ _____
Chemicals	_____	\$ _____	\$ _____

REQUIRED INFORMATION:

- **Complete list of products and/or equipment.**
- **Copy of all Material Safety Data Sheets on all chemicals sold.**

1. Does the applicant sell products/equipment as a broker, who does not take possession of the products as products are shipped to the buyer directly by the manufacturer or distributor? _____

