



# CONTRACTOR SUPPLEMENTAL

NAMED INSURED: \_\_\_\_\_

State where insured operates: \_\_\_\_\_ NUMBER OF YRS IN BUSINESS: \_\_\_\_\_

COMPLETE DESCRIPTION OF OPERATIONS/COMMENTS:

### 5 YRS OF GROSS RECEIPTS / PAYROLL HISTORY:

CURRENT YR:	GR:	_____	PYRL:	_____
1 <sup>ST</sup> PRIOR YR:	GR:	_____	PYRL:	_____
2 <sup>ND</sup> PRIOR YR:	GR:	_____	PYRL:	_____
3 <sup>RD</sup> PRIOR YR:	GR:	_____	PYRL:	_____
4 <sup>TH</sup> PRIOR YR:	GR:	_____	PYRL:	_____

### MOBILE EQUIPMENT – DRILLING RIGS/SERVICING RIGS LICENSED FOR ROAD USE

MAKE/ MODEL	GVW	LOCATION OF OPS	MAX DEPTHS	# OF WELLS

Is all equipment licensed for road use scheduled on the auto policy? \_\_\_\_\_  
 Does all equipment valued over \$50,000 have hidden ID markings? \_\_\_\_\_  
 Are all equipment storage areas fenced and protected by alarm systems? \_\_\_\_\_

Types of contracts used: IDAC Daywork  IADC Footage  Turnkey  API Daywork  API Footage

### DRILLERS – have you been or do you plan on being involved in:

High Pressure Areas or Sour Gas Areas	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Horizontal or Slant drilling	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
“Unbalanced” Drilling Methods	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Drilling Overwater	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Drilling within city limits or RROW	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Installation or removal of Casing	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Erection or Dismantling of Derricks other than your own?	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No

### SERVICING/WORKOVER CONTRACTORS – have you been or do you plan to be involved in:

Cleaning/Swabbing	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Acidizing/Fracturing	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Hot oil/Vacuum work	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Wireline/Logging	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Fishing Operations	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Installation or removal of casing	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Setting Packers	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Squeeze Jobs	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Shooting	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Cementing	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Perforating	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Refinery or Petrochemical Work	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Welding or Cutting	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No

### OTHER

General Lease Work – lease beautification	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Any Painting, Sandblasting or tank cleaning?	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Electrical Work?	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Pole Line Construction _____% High Voltage _____%			
Pipeline Construction	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> New <input type="checkbox"/> Repair	Type: <input type="checkbox"/> Gathering Lines	<input type="checkbox"/> Transmission	<input type="checkbox"/> Pipelines _____ Max Size
Any work outside the oilfield?	<input type="checkbox"/> Yes	% _____	<input type="checkbox"/> No
Describe: _____			

## GENERAL INFORMATION

YES NO

Do any operations include blasting, storing or transporting explosive material? If yes, give details.		
Do any operations include excavation, tunneling, underground work or earth movement?		
Any work above 2 stories?		
Any use of cranes? If yes, explain		
Any Work SUBBED: If yes, describe : Cost: _____		
Do you require a MASTER SERVICE AGREEMENT to be completed and on file prior to work starting?		
Do subs provide certificates of ins with equal or greater limits?		
Is the insured named as Additional Insured?		
Is insured held harmless?		
Is all equipment maintained in good condition?		
Does the insured lease employees from others?		
Is there any work from boats, docks, barges or rigs?		
Any equipment loaned, rented or leased to others?		
Any exposure to high voltage or major electrical panels?		
Is there a FORMAL WRITTEN SAFETY & TRAINING PROGRAM in place?		
Is there a Formal Safety Director? If not – who administers:		
Are regular safety meetings held? How often? _____		
Does the insured follow OSHA standards for promoting a safe workplace?		
Does the insured purchase WC coverage?		
Does Insured lease any employees?		

## EMPLOYEE BENEFITS

Does the insured require a signed acceptance or rejection from each employee on programs permitting employees an option to enroll or not to enroll?		
Is a written explanation of all benefits provided to each employee?		
Is the administration of Insured's Employee Benefits Program assigned to a specific person or unit and centralized in one location?		
Does the insured have knowledge of a past or current occurrence which might result in a claim		
Has any Error or Omission loss or claim ever been sustained or is there any pending claim against the insured?		

## AUTO INFORMATION

YES NO

Do you perform Pre-employment drug testing?		
Are MVR's obtained? If yes – how often?		
CDL required?		
Do you transport property of others?		
Do you perform accident reviews? Who performs the review?		
Does the company allow personal use of company vehicles?		
Is there a written policy regarding personal use?		
If the policy is in writing, is it signed by each driver?		
Is personal use limited to an assigned driver?		
Is there a scheduled vehicle maintenance program? If yes, are records maintained for each unit?		
Are regularly scheduled safety inspections performed?		
Are results of inspections recorded and maintained?		
Are pre-trip safety inspections performed?		
Do you have a cell phone use policy? <input type="checkbox"/> Hands free <input type="checkbox"/> No use while driving <input type="checkbox"/> Pull over to talk		
Indicate the percentage of operations within the majority of the time: 1-50 miles _____ 50-100 miles _____ 100-200 miles _____ 200+ _____		

### 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 of 1<sup>st</sup> Named Insured

Title

Date