

OIL/GAS LEASE OPERATOR AND NON-OPERATOR SUPPLEMENTAL



NAMED INSURED: _____

OPERATOR – LAND WELLS

TYPE DEPTHS	TO BE DRILLED	PROD/SWD/ INJ	SHUTIN / P&A	NUMBER WITHIN CITY LIMITS OR RROW	LOCATION States; County.
0 – 5,000'					
5,001-7,500'					
7,501 – 12,500'					
12,501- 15,000					
15,001 +					

OPERATOR – WET WELLS

TYPE DEPTHS	TO BE DRILLED	PROD/SWD/ INJ	SHUTIN / P&A	NUMBER WITHIN CITY LIMITS OR RROW	LOCATION States; County.
0 – 5,000'					
5,001-7,500'					
7,501 – 12,500'					
12,501- 15,000					
15,001 +					

- | | | |
|--|------------------------------|-----------------------------|
| Are all wells ICL/RROW – fenced and dyked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the insured operate any Gathering systems over 6”? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the insured maintain an approved Contractors List? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the insured have a MSA with all their Contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do ALL subs provide certificates of ins with equal or greater limits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the insured named as Additional Insured / provided WOS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is insured held harmless? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a monitoring system for Certs & MSAs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any H2S gas wells? If yes, complete addendum supplemental * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the insured supply house gas or gas for buildings, irrigation, etc.?
If yes, complete addendum supplemental* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do employees do any pumping, gauging or lease site work? Yes No

Does the insured carry Control of Well for wells being drilled or producing wells? No
 If yes, what limit is carried? _____ Carrier: _____

of Years in Business: _____ # of Years Experience: _____
 # of Employees: _____ Office/Clerical Payroll: _____
 Field payroll: _____

Does the Insured purchase WC coverage? Yes No

NON-OPERATOR

TYPE OF WELLS	NUMBER OF WELLS	0-25% NOWI	25-50% NOWI	OVER 50% NOWI	LOCATION States, Marshes, Bays, Ocean, Gulf, Lake, etc.
LAND					
Prod / SWD/ Inj / Shut In-P&A					
Wells to be Drilled					
WET					
Prod / SWD/ Inj / Shut In-P&A					
Wells to be Drilled					

Does the Operators CGL cover all wells at 100% interest?

Yes

No

Does the Operator provide certificates of insurance

Yes

No

Is the insured named as Additional Insured ?

Yes

No

Is insured held harmless?

Yes

No

Does the operator carry COW?

Yes

No

of Employees: _____

Office/Clerical Payroll: _____

Field payroll: _____

Number of wells listed above that are in the following **depth bands**:

	TBD	Producing	SWD	Shut-In/P&A	Inside City Limits (ICL) or RROW
12,501 - 15,000'					
15,001-17,500'					
17,501-20,000'					

Please attach a complete list of Operated and Non-Operated wells.

DOES THE INSURED OWN OR OPERATE ANY EQUIPMENT FOR SERVICING OF WELLS:

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

Do your employees do any of the following work:

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

- Cleaning/Swabbing Yes % _____ No
- Acidizing/Fracturing Yes % _____ No
- Hot oil/Vacuum work Yes % _____ No
- Wireline/Logging Yes % _____ No
- Fishing Operations Yes % _____ No
- Installation or removal of casing Yes % _____ No
- Setting Packers Yes % _____ No
- Squeeze Jobs Yes % _____ No
- Shooting Yes % _____ No
- Cementing Yes % _____ No
- Perforating Yes % _____ No
- Refinery or Petrochemical Work Yes % _____ No
- Welding or Cutting Yes % _____ No
- General Lease Work – lease beautification Yes % _____ No
- Other: _____ Yes % _____ No
- Any Painting, Sandblasting or tank cleaning? Yes % _____ No

- Pipeline Construction Yes % _____ No

Type: Gathering Lines Transmission Pipelines

Oil Gas New Construction Repair

Avg Size: _____ Max Size: _____

Is above done ONLY ON OWNED WELLS FOR THIRD PARTY

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: _____		
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 written safety program in place? Who administers?		
Is there a Safety Director?		
Is there an employee training program?		
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 1st Named Insured

Title

Date

Producers Signature

Date

Please complete additional information if applicable: _____

HYDROGEN SULFIDE WELLS (H2S WELLS) AND WELLS INSIDE CITY LIMITS

HYDROGEN SULFIDE WELLS (H2S WELLS)

- 1. Are all employees or contractors H2S trained and certified annually?..... Yes No
- 2. Are all H2S well sites marked with proper warning signs? Yes No
- 3. Do any wells have H2S levels of 10 parts per million or more? Yes No
- 4. Are any wells Inside City Limits? Yes How many _____ No
- 5. How close is the nearest house or building?..... _____
- 6. Are Gas detection/warning systems in place? Yes No
- 7. Who is responsible for monitoring equipment: Insured Third party
- 7. Confirm the area is fenced/gated/locked..... Yes No

WELLS WITHIN CITY LIMITS

How close to the nearest residence? _____

How close to the nearest public building? _____

- Are all wellsites posted with property warning signs? Yes No
- Are the wells fenced / gated / locked to prevent access? Yes No
- Are all wells property dyked? Yes No
- Are wells, tanks, or flowlines near any ponds, canals, bayous, or lakes? Yes No
- Is there an emergency response plan in place? Yes No
- How often are wells checked: Daily Weekly Monthly

SUPPLYING OF GAS

Does the applicant supply gas to any residential house or farm?

If yes, how many:

Does the applicant supply gas to any commercial building or customer?

If yes, how many:

- Is there a pressure regulator for each tap? Yes No
- Is there a written hold harmless agreement in the insured's favor? Yes No
- Who is responsible for odorizing gas? Insured Third party
- Does the insured do any hookups, installation of meters, monitoring? Yes No
- Does the insured do any installation of storage tanks or appliances? Yes No