

SALTWATER DISPOSAL WELL OPERATOR

NAMED INSURED: _____ **Date:** _____

TYPE OF WELLS DEPTHS	TBD	SWD/INJ	SHUTIN / P&A	NUMBER WITHIN CITY LIMITS OR RRROW	LOCATION States; County.
0 - 7500'					
7,501 - 12,500'					
12,501+					

How many acres is owned by the insured? _____

- | | | |
|---|------------------------------|-----------------------------|
| Is the site strictly for Third Party Disposal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there gated access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the site lighted and posted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there 24hr personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the insured have a formal spill prevention program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there an approved containment system ? | <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 |
| Does the insured do any hauling of saltwater for disposal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe surrounding exposures: _____

Does the insured carry separate Site Pollution Liability coverage? Yes No
 If yes – advise: Limit: _____ Carrier: _____ Occ or CM: _____

of Years in Business: _____ # of Years Experience: _____
 # of Employees: _____ Payroll: _____
 Gross Receipts: _____

Is all equipment maintained in good condition?		
Does the insured lease employees from others?		
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?		