

AMERICAN UNDERWRITING MANAGERS

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PHONE: (817) 424-1996 FAX: (817) 481-0742

OIL & GAS DRILLING CONTRACTOR SUPPLEMENTAL

(To Be Accompanied By ACORD Forms As Applicable)

GENERAL INFORMATION AND OPERATIONS

Proposed Effective Date: _____ Date Quote Needed: _____

Name of Applicant: _____

NOTE: If there is more than one Named Insured, for each please provide (a) the ownership and percentage of ownership of each owner, and (b) provide a detailed description 'all' operations for each.

Physical Address: _____

Mailing Address: _____

Complete Description of Operations: _____

Subsidiaries:	Name	Operations
1.	_____	_____
2.	_____	_____
3.	_____	_____

___ 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: \$ _____

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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?
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4. Indicated the insurance coverage and limits you require for subcontractors?

<u>Coverage's</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	\$ _____

ENGINEERING & INSPECTION INFORMATION

Contact: _____
Name / Title / Address / Phone Number

- 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? _____

