

AMERICAN UNDERWRITING MANAGERS
365 Miron Drive, Suite D Southlake, TX 76092
PHONE: (817) 424-1996 FAX: (817) 481-0742

OIL & GAS SERVICE CONTRACTOR SUPPLEMENTAL

(To Be Accompanied By ACORD Forms As Applicable)

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? _____

Edition Date: May 17, 2006

SUBCONTRACTOR INFORMATION

- 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: _____
- 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
- 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?
- 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

COMPLETE ALL APPLICABLE SECTIONS & QUESTIONS

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	_____	\$ _____	\$ _____

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
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	_____	\$ _____	\$ _____

- Does the Insured own the property where the disposal wells are located? ____ Yes ____ No
- Does the Insured own and/or operate the salt water disposal well sites? ____ Yes ____ No
- Does the Insured's Auto Policy provide Pollution coverage for sudden & accidental spills of salt / brine water? ____ Yes ____ No
- Does the Insured allow other operator's or contractor's to dispose of salt water into the Insured's SWD Wells? ____ Yes ____ No
- If yes, does the Insured require proof of an Auto Policy which provides Pollution coverage for sudden & accidental spills of salt / brine water? ____ Yes ____ No
 - Is the Insured named on the Auto policy as A. I., with WOS? ____ Yes ____ No

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? _____
2. Does the applicant modify products/equipment, or repackage any products/equipment with the applicant's own label? _____
3. If yes, please describe. _____

	<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Oil or Gas Wells Supplies or Equipment Rentals (50871 / 15188)			
Rented <u>Without</u> Operators (73913s / 11208)	_____	\$ _____	\$ _____
Rented <u>With</u> Operators (73911s / 11207)	_____	\$ _____	\$ _____

REQUIRED INFORMATION:

- **Complete list of products and/or equipment being rented.**
- **Copy of the Rental Agreement / Rental Contract.**

1. Does the applicant require the renter to provide Certificate of Insurance, with liability limits of \$1,000,000? _____
