



365 Miron Drive, Suite D  
Southlake, TX 76092  
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## INDIVIDUAL CONSULTANT QUESTIONNAIRE

( To Be Included With ACORD Form Applications)

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_
3. **INCLUDE:** **Resume of Professional Qualifications / Degrees Experience**
4. Years experience as Consultant: \_\_\_\_\_
6. Which best describes your work, \_\_\_\_\_ A. or \_\_\_\_\_ B. below?
  - A. As a consultant I contract with well owners to gather information **as their agent** at the work site as they specify, relay this information to my customer along with any recommendations I may make based on my observations. My customer will then provide me with information and/or instructions to relay to the senior supervisor for subcontractors working on behalf of my customer.
  - B. As a consultant, I contract with well operators **as their contractor** to manage and direct oil and/or gas exploration or production projects for them. I use my best judgement to supervise subcontract personnel and/or direct their activities as needed to perform the job. I report progress/results of day-to-day operations to well owner. I have the authority to act in my best judgement, subject only to a limitation on the costs associated with my activities.
7. Do subcontractors on the work site clearly understand you are an agent/representative of the well operator? \_\_\_\_\_  
  
Do you advise all contractor supervisory personnel that you are an agent for the well operator, interested only in the performance of work progress and quality? \_\_\_\_\_

Do you advise all contractors that you are there to observe their work, and that you cannot/will not instruct them on how they should actually do the work? \_\_\_\_\_

Do you personally have the authority to stop a work activity? \_\_\_\_\_

**If yes**, give examples of circumstances where you would exercise your own judgement and order work to cease?

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Do you have authority to restart work activity that you had stopped? \_\_\_\_\_

**If no**, do other contractors know you cannot control, stop, or change their work without 'written' instructions from the operator? \_\_\_\_\_

When you are instructed by your customers to hire a subcontractor on their behalf, do you sign the work order and/or contract in your name? \_\_\_\_\_

8. Do you act as consultant in areas other than oil or gas lease operations? \_\_\_\_\_

Is any of your work in Petrochemical Plants, Industrial Plants, Gas Plants, or Refineries? \_\_\_\_\_

Is any of your work environmental remediation or clean up? \_\_\_\_\_

9. What is your projected Total Payroll? \$\_\_\_\_\_

What are your projected Gross Revenues from Consulting Services? \$\_\_\_\_\_

What percent of your work is at the oil or gas lease site? \_\_\_\_\_%

What percent of your work is over water (including marshes, bays, inland waters & offshore)? \_\_\_\_\_%

Has Total Payrolls or Gross Revenues changed more than 10% from the previous year? \_\_\_\_\_

10. How much do you expect to spend for services you subcontract to others? \$\_\_\_\_\_

Do you require subcontractors to sign a **Master Service Agreement** before you hire them? \_\_\_\_\_

**If yes, include a copy with this questionnaire.**

Do you require them to carry General Liability, Auto Liability and Worker's Compensation with limits equal to your own? \_\_\_\_\_

Do you require them to name you as an Additional Insured? \_\_\_\_\_

Do you require them to Waive Rights of Subrogation against you? \_\_\_\_\_

Do you require Certificates of Insurance from subcontractors that clearly detail these requirements? \_\_\_\_\_

11. Describe types of operations where you would hire a subcontractor:

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12. Do you ever instruct subcontractors or their employees on **how to** accomplish their work? \_\_\_\_\_

13. Provide brief description of your last three consulting jobs in the field:

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14. Do you sign contract with your customer? \_\_\_\_\_

Does it contain a hold harmless and/or indemnity provision? \_\_\_\_\_

Does each party assume responsibility for his own actions and/or action of his own subcontractors? \_\_\_\_\_

Do you require the operator to make you an additional insured under his insurance? \_\_\_\_\_

Do you require the operator to make sure you are an indemnitee under the contracts he executes with subcontractors you will be monitoring at the jobsite? \_\_\_\_\_

**INCLUDE a sample or copy of the contract you use.**

15. Do you have a formal safety program? \_\_\_\_\_

Describe what you would do if you observed someone working in an unsafe manner?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Do you carry professional liability insurance? \_\_\_\_\_

If yes, what are your Limits? \_\_\_\_\_

Who is your Carrier? \_\_\_\_\_.

17. Please give details of any liability claims made against you in the last 5 years.

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\_\_\_\_\_

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**DECLARATIONS 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 for First Named Insured  
(May not be signed by Producer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Submitted by: \_\_\_\_\_  
Producer