



OIL & GAS SUPPLEMENTAL APPLICATION
(ATTACH ACORD APPLICATION)

I. APPLICANTS INFORMATION:

NAME:

INSPECTION CONTACT: PHONE:

MAILING ADDRESS:

Corporation Individual Partnership Joint Venture Other

INSURED OPERATIONS
Investor owning a non-operating working interest in oil & gas wells
Operator owning working interest
Lease operator by contract who does not have a working interest
Contractor working for a lease operator
Other

II. INVESTOR/OPERATOR/CONTRACTOR INFORMATION:

- 1. Do you have an interest in any wells?
2. Do you have any wells within the corporate limits of any city or town?
3. Do you have any wells and structures within 1000 feet of each other or wells on railroad right-of-way?
4. Have you had any pollution claims or problems that may cause future claims?
5. Do you have any wells or work you do in inland waters or offshore?
6. Do you plan to drill any wells during the policy period?
7. Do you own or operate any gathering systems, pipelines or gas or gasoline processing plants?
8. Do you have any employees or sub-contractors?

IV. OPERATIONS:

Please indicate which of the following operations are performed direct by you or your employees and which operations are performed by your sub-contractors.

OPERATIONS-----DIRECT-----SUB-CONTRACTED
1. ACIDIZING

- 2. CEMENTING _____
- 3. CASING INSTALLATION & PULLING _____
- 4. DRILLING MUD _____
- 5. DRILLING OR REDRILLING _____
- 6. EQUIPMENT INSPECTION, INSTALLATION & REPAIR _____
- 7. FRACTURING _____
- 8. GEOPHYSICAL EXPLORATION _____
- 9. INSTRUMENT LOGGING _____
- 10. LAND CLEARING & GRADING _____
- 11. PERFORATING OF CASING _____
- 12. PIPELINE CONSTRUCTION _____
- 13. PUMPING & GAUGING _____
- 14. RIG AND EQUIPMENT HAULING _____
- 15. RIG OR DERRICK ERECTING OR DISMANTLING _____
- 16. ROD & TUBING _____
- 17. STILL ERECTION OR REPAIR _____
- 18. SWABBING OR CLEANING _____
- 19. TANK CLEANING OR PAINTING _____
- 20. WELDING OR CUTTING _____
- 21. WIRELINE _____
- 22. OTHER _____

V. CONTRACTUAL INFORMATION:

- 1. Do you maintain certificates of insurance from your sub-contractors? Yes ___ No ___
- 2. Do you require your contractors to carry limits of insurance equal to your own limits? Yes___ No_
- 3. Do you require your contractors to name you as an additional insured and give you a waiver of subrogation? Yes ___ No ___
- 4. Are you required to provide certificates, name anyone as an additional insured or provide a waiver of subrogation? Yes ___ No ___
- 5. How do you contract for services or how do you contract to provide services?
 ___ Turnkey, ___ Day Work, ___ Footage, ___ IADC, ___ API, ___ or Other _____
- 6. Do you require written contracts from your operators and/or contractors?
 ___ IADC, ___ AOSC, ___ API or ___ Other _____?

VI. DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's signature

Sub-producer

Title (Date)

Producer

