



**Oil & Gas – Control of Well  
Supplemental Application**

2901 Dallas Parkway  
Suite 300  
Plano, Texas 75093

This application form is for control of well coverage only. All of the coverage provided is subject to specific defined terms. A sample copy of the policy form is available upon request.

1. Name & Address of Insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name & Address of Agent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is the Insured:  
Operator ☐ Non-Operator ☐  
Contract Operator ☐ Drilling Contractor ☐

4. How many years has Insured been in business? \_\_\_\_\_

5. Names of Key Principals: \_\_\_\_\_

6. Years of O&G Experience of Principals: \_\_\_\_\_

7. Area of Operations: \_\_\_\_\_

8. Proposed Effective Date: \_\_\_\_\_

9.. OEE Limit Required (100%): ☐ \$1,000,000 ☐ \$5,000,000 ☐ \$10,000,000  
☐ \$15,000,000 ☐ \$20,000,000 ☐ Other \_\_\_\_\_

10. OEE Deductible Required (100%) ☐ \$100,000 ☐ \$250,000 ☐ Other \_\_\_\_\_

11. CCC Limit Required (100%): ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000  
☐ Other \_\_\_\_\_

10. OCC Deductible Required (100%) ☐ \$100,000 ☐ \$250,000 ☐ Other \_\_\_\_\_

13. How are drilling operations contracted?

Turnkey ☐ Daywork ☐ Footage ☐ IADC ☐  
API ☐ Other ☐

***(If turnkey, please provide copy of contract with application)***

14. Names of Drilling Contractors Utilized: \_\_\_\_\_

Years of Experience \_\_\_\_\_

5 year loss history \_\_\_\_\_

15. Five -Year Premium/Loss History:

Year	Premium	Carrier	Loss Date	Cause	Amount	Retention

**Estimated Drilling:**

16. Do you intend to cover all your drilling/ workover wells under this policy? ☐ Yes ☐ No

If not, please explain. \_\_\_\_\_

17. Are any wells being drilled using under-balanced or producing-while-drilling methods? ☐ Yes ☐ No

18. Does the Assured intend to drill wells as operator in areas where they currently do not operate? ☐ Yes ☐ No

If Yes, explain. \_\_\_\_\_

**Producing Wells:**

19. Do you want coverage for all your producing wells? ☐ Yes ☐ No

20. Do you intend to cover all of your shut-in wells under this policy? ☐ Yes ☐ No

21. Do you want coverage on plugged & abandoned wells? ☐ Yes ☐ No

22. Has any Insurer cancelled or declined to provide this type of insurance for the Insured? ☐ Yes ☐ No

If so, explain. \_\_\_\_\_

23. Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 Insured or  
 Authorized Representative of the Insured

**Please complete the IPA Control of Well Schedule and return it with the signed application**

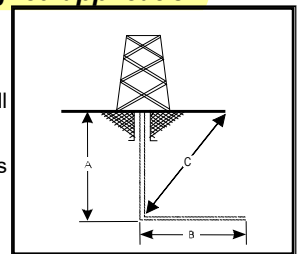
**DESCRIPTION OF TERMS:**

**Horizontal Wells:** The total vertical "A" and horizontal "B" lengths are added to determine the gross well depth. The depth band of the well is based on the vertical length "A" only.

**Directional Wells** The total vertical "C" is determined as gross well depth. The depth band of the well is based on the vertical length "A" only

**AREA I:** Land areas in the United States of America and Canada, for wells less than 10,000'

- AREA II:** (Land) All land areas worldwide, excluding:  
 a. Area 1 as defined above; and  
 b. North of the Arctic Circle and South of the Antarctic Circle.
- (Wet) Inland waters of the United States of America and Canada, Lake Maracaibo and territorial waters of the United States of America adjacent to the Continent of North America of water depths less than 10 feet at mean low tide excluding:  
 a. North of the Arctic Circle and South of the Antarctic Circle; and  
 b. Alaska

**DEPTH BANDS:**

- aaa 0 to 5,000 feet  
 aa 5,001 to 7,500 feet  
 a 7,501 to 10,000 feet  
 b 10,001 to 15,000 feet  
 c 15,001 to 20,000 feet