



**Oil & Gas Contractors
Supplemental Application**

APPLICANT INFORMATION

Legal Name of Insured:

Street Address:	City/State:	Zip Code:
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Mailing Address (if different from above):

Effective Date:	Expiration Date:
FEIN Number:	Entity Structure:

Years in Business _____ if Less than 5 Years, Number of Years of Experience in this Field _____

GENERAL INFORMATION

1. Payroll	Receipts
1st Prior Year \$ _____	\$ _____
2nd Prior Year \$ _____	\$ _____
3rd Prior Year \$ _____	\$ _____
2. Any work outside of the Oil & Gas Industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, % of Work: _____	
Type of Work Performed: _____	
3. Any Operations Performed Over Water or Marshy Areas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, % of Work: _____	
Type of Work Performed: _____	
4. Any Refinery or Petrochemical Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any Exposure or Operations Outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Any Manufacturing Operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do You Perform Any Blow Out Preventor Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPERATIONS/QUALIFYING QUESTIONS

Operations	Payroll:	Receipts:
1. Lease work/site Beautification:	\$ _____	\$ _____
Type of Work Performed: _____		
2. Contractors Permanent Yard:	\$ _____	\$ _____
3. Drilling Contractor:	\$ _____	\$ _____
Number of Rigs Owned: _____		
Number of Inactive/Stacked Rigs: _____		
Maximum Depth of Drilling: _____		
% of Horizontal Drilling: _____		
Hydraulic Fracturing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Any work in Marcellus Sale:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Acidizing:	\$ _____	\$ _____
5. Cementing	\$ _____	\$ _____
6. Cleaning/Swabbing:	\$ _____	\$ _____
Steps to prevent run off: _____		
7. Instrument logging/Survey:	\$ _____	\$ _____
8. Perforating	\$ _____	\$ _____
9. Geologist/Seismic Work:	\$ _____	\$ _____
10. Welding/Cutting:	\$ _____	\$ _____

Type of Welding: _____

% of work in field: _____

What does insured weld: _____

Over hole Welding: ☐ Yes ☐ No

Hot Tap Work: ☐ Yes ☐ No

New Construction %: _____

Repair work %: _____

Auto Welding: ☐ Yes ☐ No

Certified Welders performing work: ☐ Yes ☐ No

11. Painting: \$ _____ \$ _____

Steps to prevent run off: _____

12. Trucking:

Mechanic/Terminal Payroll \$ _____ \$ _____

Owner/Operators hired: ☐ Yes ☐ No

Do Drivers get out of the vehicles: ☐ Yes ☐ No

If Yes, what operations are performed: _____

Are drivers responsible for loading/Unloading: ☐ Yes ☐ No

What type of hauling: _____

% of pipe hauling: _____

Type of equipment: _____

Any Rig Hauling: ☐ Yes ☐ No

Long haul: ☐ Yes ☐ No

13. Installation/Removal of Casing: \$ _____ \$ _____

14. Electrician: \$ _____ \$ _____

Any overhead work performed: ☐ Yes ☐ No

Description of electrical work performed: _____

15. Pumper/Gauger: \$ _____ \$ _____

16. Erection/dismantling of Derricks/Rigs: \$ _____ \$ _____

17. Crane Operations: \$ _____ \$ _____

Type of Crane Being Used: _____

Type of Items Lifted: _____

Value of Items Lifted: _____

Number of Stories Lifted: _____

Number of Cranes in Operation: _____

18. Hot Oil/Vacuum Operations: \$ _____ \$ _____

19. Rental/Sales of Equipment: \$ _____ \$ _____

20. Distributor: \$ _____ \$ _____

21. Consulting: \$ _____ \$ _____

22. Any Operations not listed above: \$ _____ \$ _____

Description: _____

AUTO/UMBRELLA COVERAGE

1. Personal use of vehicles allowed: ☐ Yes ☐ No

If yes, % of employees who use their own vehicle: _____

2. Are employees allowed to take company vehicles home? ☐ Yes ☐ No

3. Are company vehicles kept under covered parking? ☐ Yes ☐ No

4. MVR's pulled for every driver: ☐ Yes ☐ No

How Often: _____

5. Written procedure for screening/Hiring Drivers: ☐ Yes ☐ No

6. Formal Driver Qualification program including MVR Check annually: ☐ Yes ☐ No
7. Vehicle Maintenance Program in place: ☐ Yes ☐ No
8. Written Policy Regarding the Use of Cell Phones/Texting While operating vehicles: ☐ Yes ☐ No

SAFETY PROGRAM

1. Full Time Safety Director: ☐ Yes ☐ No
2. Documented Safety Program in place: ☐ Yes ☐ No
3. Mandatory Meetings: ☐ Yes ☐ No
Frequency: _____
4. Do Employees Ever Work Alone in the Field and/or Unsupervised? ☐ Yes ☐ No
5. Are H2S Monitors Mandatory? ☐ Yes ☐ No
6. Employees Required to Wear Safety Harnesses when working from Heights? ☐ Yes ☐ No
7. Do you have a Fire prevention procedure in place while working in the field? ☐ Yes ☐ No

Hiring Procedures:

1. Drug Screening: ☐ Yes ☐ No
How Often: ☐ Random ☐ Annual
2. MVR's Checked: ☐ Yes ☐ No
3. Years of Prior Experience Required: _____

Subcontractor Information

1. Type of Operations Subbed Out: _____
2. Sub Costs: _____
3. % Subbed Out: _____
4. Limits Required for Your Subcontractors:
General Liability: \$ _____
Business Auto: \$ _____
Umbrella: \$ _____
5. When Hiring Do You:
- | | | |
|--|------------------------------|-----------------------------|
| Obtain Certificates of Insurance: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Require to be Named as Additional Insured: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Obtain Waiver of Subrogation: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Obtain Hold Harmless Agreements: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Verify all hired Subcontractors carry WC: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EXPIRING INSURANCE INFORMATION

	General Liability	Business Auto	Umbrella
Carrier:			
Limits:			
Premium			
Effective dates:			

Signature of Applicant _____

Printed Name of Applicant _____

Date: _____

Insurance Protection Advisors

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Vice President

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