

Oil & Gas Lease Operator & Non-Operator Supplemental Application

APPLICANT INFOR	MATION							
Named Insured:								
Street Address:						City/State:	Zip Code:	
Mailing Address (if	f different fro	om above):						
Effective Date:			Expiration	ition Date:				
FEIN #:				in Business:				
Years & type of ex	perience:							
EXPIRING INSURA	NCE INFORM	1ATION						
	General			E	Business Au	to	Umbrella	
Carrier:								
Limits:								
Premium:								
Effective Dates:								
GENERAL INFORM	IATION							
1. # of Employees:								
2. Estimated Payro	oll:							
3. Estimated Rece	ipts:							
4. Any work outsid	de of the Oil	& Gas Indւ	ıstry:			☐ Yes	□ No	
If yes, % of worl	k:							
Type of work pe	erformed:							
5. Any operations	performed o	ver water	or marshy a	areas:		☐ Yes	□ No	
If yes, % of worl	k:							
Type of work pe	erformed:							
6. Refinery or Petr	rochemical W	/ork:		☐ Yes	□ No			
7. Any exposure or operations outside the U.S.?						☐ Yes	□ No	
8. Do you have Co						☐ Yes	□ No	
NON-OPERATING		•	•		•		_	
1. Are Certificates	of insurance	required f	from the lea	se operato	r:	☐ Yes	□ No	
2. Are you named	as an Additi	onal Insure	d on the Le	ase Operat	ors Policy	☐ Yes	□ No	
or does the opera		ave the "a	dditional In	sured-Worl	king			
Interest" Endorse	ment:							
3. Indicate the Nu	mber of Non	-Operated	Wells & yo	ur working	Interest:			
	State	Oil	Gas	Saline	Plugged	WI%		

4. Indicate the Nu	State	Oil	Gas	Saline	Depth	WI%		
	State	.			2000			
5. Any Wells withi	n City Limit	s/Towns?				☐ Yes	□ No	
If yes, please co	mplete the	following:						
Name	Loca	ation	Surr	ounding Exp	osure		ed/Diked?	
						☐ Yes	□ No	
						☐ Yes	□ No	
						☐ Yes	□ No	
						☐ Yes	□ No	
6. Any Wet Wells?						☐ Yes	□ No	
7. Any Hydrogen S	ulfide Wells	s:				☐ Yes	□ No	
8. Any wells in Rai	lroad Right-	of-ways?				☐ Yes	□ No	
9. Do you have any	y working ir	nterest in an	y gas proc	essing, gaso	line			
recovery plants, re	fineries, or	gas sweeter	ing plants	:		☐ Yes	□ No	
10. Are tank batte	ries for SWI	Os fiberglass	or steel?			☐ Fiberglass	☐ Steel	
10a. Do all tank ba	tteries hav	e lightning/s	tatic prot	ection in pla	ace?	☐ Yes	□ No	
10b. What type of	lightning/s	tatic protect	ion is in p	lace?				
LEASE OPERATOR	(please pro	vide well Scl	nedule)					
LEASE OPERATOR 1. Indicate the Nu								
				Depth				
	mber of Pro	oducing Well Oil	s:	•				
	mber of Pro	oducing Well Oil	s: Gas	•				
	mber of Pro	Oducing Well	s: Gas					
	mber of Pro	Oducing Well	s: Gas					
1. Indicate the Nu	State	Oducing Well Oil	s: Gas					
	State	Oil Oil oine Wells:	s: Gas					
1. Indicate the Nu	State	Oducing Well Oil	s: Gas					
1. Indicate the Nu	State State mber of Sali	Oil Oil oine Wells:	Gas					
1. Indicate the Nu	State State mber of Sali	Oil Oil oine Wells:	Gas					
1. Indicate the Nu	State State mber of Sali	Oil Oil oine Wells:	Gas					
1. Indicate the Nu	State State mber of Sali	Oil Oil oine Wells:	Gas					
Indicate the Nur Indicate the Nur	mber of Pro State mber of Sali State	oducing Well Oil oil ine Wells: Oil	Gas Gas	Depth	lls:			
1. Indicate the Nu	mber of Pro State mber of Sali State mber of Plu	ine Wells: Oil	Gas Gas Gas	Depth	lls:			
Indicate the Nur Indicate the Nur	mber of Pro State mber of Sali State	oducing Well Oil oil ine Wells: Oil	Gas Gas	Depth	lls:			
Indicate the Nur Indicate the Nur	mber of Pro State mber of Sali State mber of Plu	ine Wells: Oil	Gas Gas Gas	Depth	lls:			
Indicate the Nur Indicate the Nur	mber of Pro State mber of Sali State mber of Plu	ine Wells: Oil	Gas Gas Gas	Depth	lls:			

4. Indicate the Nu	mber of Pro	ducing Wells	To Be Dr	illing:							
	State	Oil	Gas	Saline	Depth						
						_	_				
5. Any Wells withi	n City Limits	s/Towns?				☐ Yes	□ No				
If yes, please co	mplete the	following:									
Name	Loca	ation	Fenced	/Diked?							
						☐ Yes	□ No				
						☐ Yes	☐ No				
						☐ Yes	□ No				
- <u></u>						☐ Yes	□ No				
6. Any Wet Wells?	•					☐ Yes	□ No				
7. Any Hydrogen S	ulfide Wells	s:				☐ Yes	□ No				
8. Any wells in Rai	Iroad Right-	of-ways?				☐ Yes	□ No				
9. Do you operate	any gas pro	cessing gaso	line reco	verv nlants.	refineries.						
or gas sweetening		. ССЭЭННД, ДИЗО		rei y pianto,	remieries,	☐ Yes	□ No				
10. Are tank batte	ries for SWE	Os fiberglass o	or steel?			☐ Fiberglass	☐ Steel				
		_		10. Are tank batteries for SWDs fiberglass or steel?							
10a. Do all tank batteries have lightning/static protection in place? ☐ Yes ☐ No 10b. What type of lightning/static protection is in place? ☐ Yes ☐ No											
10b. What type of	lightning/s		-	-	acer	— 163					
10b. What type of	lightning/s		-	-	ace :						
10b. What type of PIPELINE/TRANSM		tatic protecti	on is in p	lace?							
PIPELINE/TRANSM	IISSION LIN	tatic protecti	on is in p	lace?							
	IISSION LIN	tatic protecti	on is in p	lace?		☐ Yes	□ No				
PIPELINE/TRANSM 1. Does the pipelin If Yes, whom?	MISSION LIN	tatic protecti E/FLOW LINE sion line/flov	INFORM	IATION oply any end	l users:			-			
1. Does the pipelir If Yes, whom? _ 2. Does the pipeli	MISSION LIN	tatic protecti E/FLOW LINE sion line/flov	INFORM	IATION oply any end	l users:	☐ Yes		_			
PIPELINE/TRANSM 1. Does the pipelir If Yes, whom? _ 2. Does the pipeli products?	ne/transmis	E/FLOW LINE sion line/flow	INFORM v line sup	IATION oply any end	l users:		□ No	-			
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SAFETY PROGRAM					
1. Full Time Safety Director:		☐ Yes		☐ No	
2. Written Safety Program in place:		☐ Yes		☐ No	
3. Required Meetings:		☐ Yes		□ No	
4. How Often:					
5. Are H2S Monitors Mandatory?		☐ Yes		□ No	
6. Do you have a Fire prevention procedure in place	e while				
working in the field?		☐ Yes		□ No	
HIRING PROCEDURES					
1. Drug Screening:		☐ Yes		□ No	
2. How Often:			Random		Annually
3. MVR Check:		☐ Yes		☐ No	
4. Prior Experience:		☐ Yes		□ No	
5. How Many Years:					
INDEPENDENT SUB-CONTRACTORS (Copy of MSA	will be requ	ired at binding)			
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:		☐ Yes		□ No	
Require to be Named as Additional Insured:		☐ Yes		□ No	
Obtain Waiver of Subrogation:		☐ Yes		□ No	
Obtain Hold Harmless Agreements:		☐ Yes		□ No	
Verify all hired Subcontractors carry WC:		☐ Yes		□ No	
Require the contractor to sign a MSA?		☐ Yes		□ No	
IADC	AOSC	API		Other	
				J	
Signature of Applicant		Printed Name of A	nlicant		
Signature of Applicant		rinited Name Of A	piicant		
Date:					

Insurance Protection Advisors

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