OIL & GAS CONSULTANTS AND CONTRACTORS

**NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE MAY BE A CLAIMS MADE POLICY. THE LIMITS OF LIABILITY MAY BE REDUCED BY CLAIMS EXPENSE AND CLAIMS EXPENSE SHALL BE APPLIED TO THE SELF-INSURED RETENTION. PLEASE READ THE POLICY CAREFULLY.**

Please

* Answer all questions completely.
* Have the Application signed and dated by an authorized corporate officer.
* Provide resumes for the principals and key employees
* Provide currently valued loss runs for the past five (5) years

1. APPLICANT NAME:

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. TheApplicant has been in business since:      /

 (Month) (Year)

3. Business:

 [ ]  Corporation [ ]  Limited Liability Company (LLC) [ ]  Partnership [ ]  Sole Proprietorship

 [ ]  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

4. PERSONNEL (INCLUDES “1099 EMPLOYEES” / SUB-CONTRACTORS):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | DrillingConsultants | Engineers | Land Surveyors | Other | Total |
| Principals |       |       |       |       |       |
| Staff |       |       |       |       |       |
| Total |       |       |       |       |       |

5. GEOGRAPHY: (Please provide the percentage of your firm’s gross fees attributable to the following.)

 USA      % Canada      % Other     %

6. Do you require your sub-contractors to have insurance? [ ]  Yes [ ]  No

7. Do you provide services offshore or have any offshore or subsea exposure? [ ]  Yes [ ]  No

8. Do you work on oil & gas transmission pipelines? [ ]  Yes [ ]  No

9. Do you work on disposal wells? [ ]  Yes [ ]  No

10. GROSS REVENUE: (Please provide your firm’s Gross Revenue for the following years. Gross Revenue means your firm’s entire gross revenue not including interest income. Do not subtract costs of sub-contractors.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Next Year | Current Year | Last Year | 2 Years Ago |
| Date: | MM /DD /YYYY     /     /      | MM /DD /YYYY     /     /      | MM /DD /YYYY     /     /      | MM /DD /YYYY     /     /      |
| Gross Fees:  | $        | $        | $        | $        |

11. Professional Disciplines: (Please provide the percentage of your firm’s gross fees attributable to the following disciplines. The total should equal 100%)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Well Drilling Consulting  |    % | Well Design |    % | Chemical Engineering |    % |
| Production Consultant |    % | Site Preparation |    % | Environmental Engineering |    % |
| Other      |    % | Other      |    % | Other      |    % |

12. CONTRACTS: (Please provide the percentage of your firm’s gross fees attributable to the following types of contractors. The total should equal 100%)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your Standard Contract |    % | Master Service Agreement |    % | Other      |    % |

13. CLAIMS:

1. During the past five (5) years has the Applicantor any director, officer, employee or other proposed Insuredgiven notice under the provisions of any liability policy of specific facts or circumstances which might give rise to a claim being made against any Applicant?

[ ]  Yes [ ]  No If Yes, attach details.

1. During the past five (5) years, have any loss payments been made on behalf of any proposed Applicant under any liability policy or similar insurance?

[ ]  Yes [ ]  No

1. Does the Applicant, director, officer, employee or other proposed insured have knowledge or information of any fact, circumstance, situation, or event which could give rise to a claim in the future?

 [ ]  Yes [ ]  No If yes, please explain

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

14. INSURANCE:

1. Has any insurer cancelled or refused to renew and similar insurance for you firm or any predecessor firm? (N/A in Missouri) [ ]  Yes [ ]  No If yes, please explain.

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

1. Has similar insurance been issued to the Applicant? [ ]  Yes [ ]  No If yes, please complete the following

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance Company | Premium | Limit of Liability | Deductible | Effective Date |
|        | $         | $         | $         | MM /DD /YYYY     /     /      |
|        | $         | $         | $         | MM /DD /YYYY     /     /      |

1. What is the retroactive date? Month:      / Day:      / Year:     , Full Prior Acts [ ] , None [ ]

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE UNDERWRITER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HEREWITH INCLUDING ANY WEBSITES ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE UNDERWRITER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE UNDERWRITER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

## WARNING

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| --- |
| **ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S) HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD. WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS.**  |

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE INCLUDING ATTACHMENTS AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signed: |  |  |  |  |  |  |
|        |
| Must be signed by corporate officer with authority to sign on Applicant’s behalf |
|  |  |  |  |  |  |  |
| Date:  |       |  |  |  |  |  |