



A member of the Crum & Forster Enterprise
 160 Water Street, 16th Floor, New York, NY 10038

OIL AND GAS CONTRACTORS AND CONSULTANTS APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

PLEASE SUBMIT THE FOLLOWING INFORMATION ATTACHED TO THIS APPLICATION:

1. Qualification including resumes, brochures, and a listing of previous projects.
2. Most recent income statement and balance sheet.
3. Five years of currently valued loss runs including pollution and professional, if applicable.
4. Completed Acord Application.

A. APPLICANT INFORMATION:

Applicant:		
Address:		
City:	State:	Zip Code:
Company Website:		D&B No.
Inspection Contact Name:		Phone:

Company is an: Individual Partnership Corporation Joint Venture Other

_____ *(please describe)*

Years Performing Services to be Covered by this insurance policy _____ .	
Is work done through or by any affiliated or related company(s)? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant, or any affiliated, related predecessor entity currently involved with sharing office space, use of employees, co-mingling of affiliated or related operations of any kind? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant a successor of any other business? If yes, please list predecessor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant directly or indirectly controlled, owned, or otherwise managed by another party? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant directly or indirectly control, own, or otherwise manage any other entity? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the questions listed above, please include a detailed explanation:	



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Extended Named Insured Schedule: Please provide the following information for any additional entities:		
LEGAL NAME	OWNERSHIP %	OPERATIONS/SERVICES PROVIDED

B. GROSS RECEIPTS

*Gross Annual Revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

1. Please list your Total Gross Annual Revenues for the preceding 3 years:

1st Prior Year \$ _____
 2nd Prior Year \$ _____
 3rd Prior Year \$ _____

- 2. What percentage of the time do you work without a written contract? %
- 3. What percentage of the Applicant's overall sales is associated with residential work? %
- 4. Do you ever work with subcontractors? Yes No

If yes, please answer the following questions:

- a. Are all subcontractors licensed and accredited? Yes No
- b. Do you maintain current certificates of insurance from all subcontractors? Yes No
- c. What are the minimum limits of liability required of your subcontractors? \$
- d. Is a standard written contract used with the Applicant's clients/or subcontractors, and does that contract include Hold Harmless and Limitation of Liability clauses? Yes No
- e. What percentage of the time are you added as an additional insured on the subcontractor's policy? %

C. GENERAL INFORMATION

1. Specify the approximate percentage of services provided for each of the following categories:

Refineries, Gas Plants, Petrochemical Plants	%	Offshore/Over Water	%
Oilfield	%	Environmental	%
Industrial Plants	%	Other (describe)	%

2. Any use of cranes, hoists, or riggings? Yes No With or without operators

If so, how many stories?

Approx No of jobs per annum



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3. Total personnel (List each person once, by primary function):

Petroleum or General Engineers	Draftsmen/ Technicians
Geologists	Clerical Employees
Supervisors/ Foremen/Leadmen	Safety

Other (please specify primary function and count per function):

4. Is the Applicant subject to any of the following? Check all that apply:

Jones Act Federal Employers' Liability Act Longshoremen's and Harbor Workers Act

5. Does the Applicant have a formal/written safety plan? Yes No

6. Does Applicant sign a contract with your clients? Yes No

If "yes", what type?

Does it contain indemnification and/or hold harmless wording? Yes No

Is the indemnification and hold harmless wording mutual or does it favor one party over the other?

If the indemnification and hold harmless wording favors one party over another, who does it favor?

D. DOMESTIC EXPOSURES

Please list States you work in or plan to work in:

E. OFFSHORE & OVER WATER EXPOSURES

What percentage of Applicant's work is over water (including marshes, bays, inland waters & offshore)? %

How often does Applicant or Applicant's Employees work offshore/overwater? per month or per annum

Does Applicant or Applicant's Employees stay offshore/overwater? avg # of days or max # of days

Please describe a typical offshore/over water project including services performed and project duration.

of employees offshore at any one time # Professional Staff # Labor/Technicians

Who is responsible for transportation to offshore worksites?

What percentage of Applicant's work is from boats, docks or barges? %

We do not perform any work or services that requires working over water or offshore: Confirm



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F. SUBCONTRACTORS/SUBCONSULTANT LIABILITY

- Does Applicant manage or supervise any subcontractor/subconsultants at any projects or worksite?
Does Applicant sign contracts/work orders with subcontractor/subconsultants on the client's behalf?
Are there any subcontractor/subconsultants hired without a written contract?
Does Applicant require subcontractors/subconsultants to sign a contract with you before you hire them?

Please indicate below the minimum insurance coverages that you require your subcontractor/subconsultants to carry.

- Commercial General Liability : Limits: \$ None
Contractors Pollution Liability: Limits: \$ None
Professional Liability (E&O) Limits: \$ None
Umbrella/Excess Liability: Limits: \$ None
Other: Limits: \$ None

- Does Applicant obtain valid Certificates of Insurance from all subcontractor/subconsultants?
Is Applicant named as an Additional Insured on the subcontractor's policies?
Does Applicant obtain a Waiver of Subrogation from your subcontractor's insurance carrier?

We do not use any subcontractors or subconsultants: Confirm

G. CONSULTING SERVICES

If your services are performed as a Consultant please indicate which of the following most accurately describes the majority of your business.

- 1. Oil & Gas Consultants (Company Men; Other than Observe & Report)
Involved with direct supervision, control or oversight of rig or rig personnel.
May include ability to stop work, engage, hire, fire, select or otherwise control the jobsite.
Acting as project manager or controller on behalf of owner.
Providing Health and Safety Consulting or Training
2. Oil & Gas Consultants (Company Men; Observe and Report only)
But only if the following applies:
Consultants without any direct supervision or oversight of rig or rig personnel.
Not involved in actual drilling, exploration, completion, workover or production services.
No ability to stop work, engage, hire, fire, select or otherwise control the jobsite.
Strictly observe and report basis reporting to project owner.
3. Oil & Gas Consultants (Specialist service providers)
Consultants who provide onsite services and/or direct supervision of a specialized service that is either over the hole or downhole.
Including but not limited to:
Production; Perforating/Completion ; Drilling and or Directional Drilling; Work Over; Mud Men/Mud Loggers



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H. EXPIRING LIABILITY CARRIER INFORMATION/EXPIRING LIABILITY CARRIER INFORMATION

Coverage Form	Limits of Liability	Deductible	Carrier	Premium
Commercial General Liability	\$	\$		\$
Maritime Employers Liability	\$	\$		\$
Workers Comp/Employers Liability	\$	\$		\$
Automobile Liability	\$	\$		\$
Professional Liability	\$	\$		\$
Excess or Umbrella	\$	\$		\$
Other Liability –Please Describe	\$	\$		\$

Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years? Yes No

If yes, please explain:

I. CLAIMS AND LOSSES INFORMATION

Has any claim, suit or notice of incident been made against the firm, subsidiary or related entity or any staff member? Yes No

If yes, please provide full details on each incident:

Is the Applicant aware of any circumstance, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member and/or has any claim, suit, or notice of incident been made against the firm or any staff member? Yes No

If yes, please provide full details on each incident:

J. OPERATIONS AND SERVICES

1. Please complete the attached schedule where applicable and allocate your operations or services by percentage of receipts generated by the particular operation or service performed by or on your behalf.
2. Where noted a supplemental questionnaire must be completed. Note that these will form part of this application.

OPERATIONS & SERVICES CLASSIFICATIONS

Please describe where indicated	% Performed by you	% Performed by Subs	Please describe where indicated	% Performed By you	% Performed By Subs
Consulting & Engineering			Down Hole/Over Hole Services		
Drilling & Directional Drilling Consultants	%	%	Acidizing	%	%
Geophysical	%	%	Blow Out Control Services including training	%	%
Production Consultants	%	%	Casing Installation/Removal	%	%
Perforating/Completion Consultants	%	%	Cementing	%	%
Pipeline Consulting/Inspection on land	%	%	Cleaning/Snubbing/Capping of wells	%	%
Pipeline Consulting/Inspection over water	%	%	Completion/Perforating	%	%
Mud Men/Mud Loggers	%	%	Down Hole tool operating	%	%
Project Management, including Health & Safety	%	%	Drilling/Re-drilling (Oil/Gas/SWD)	%	%
Project Management, w/out Health & Safety	%	%	Fishing /Tool Retrieval Contractors	%	%
Reserve Modeling Consultants	%	%	Fracturing Services	%	%
Reservoir Engineering	%	%	Lease Operators & Non Operators	%	%
Rig Mobilization Consultants	%	%	Mud Loggers/Mud Men	%	%
Seismic Surveys	%	%	Pumping/Gauging	%	%
Well Design	%	%	Well Plugging/Abandonment	%	%
Workplace Health & Safety Training	%	%	Well Servicing/Workover	%	%
Work Over Consultants	%	%	Wireline/Slickline Services	%	%
Contracting & Service Classes			Manufacturing & Re-manufacturing *		
Above Ground Storage Tank Installation	%	%	Oilfield Products Manufacturing - New	%	%
Analytical Laboratories	%	%	Oilfield Products Remanufacture	%	%
Crane Operators/Riggers	%	%	Tubular goods manufactur-ers/remanufacturers	%	%
Electrical	%	%	Tubular goods-thread/rethread/straighten	%	%
General Repair Shops including welders	%	%	Tank & Vessel manufacturers	%	%
Lease Operators/Non Operators	%	%	Valve manufacturers & remanufactur-ers	%	%
Lease Prep. including roads, pits and flow-lines	%	%			
Machine/Fabrication Shop Services	%	%			
Pipeline Construction on land *	%	%	Sales, Rental & Distribution *		
Pipeline Construction over water *	%	%	Crane Rental Companies (with or without out operators)	%	%
Pipeline Maintenance on land *	%	%	Down Hole Equipment Dealers-new and used	%	%
Pipeline Maintenance over water	%	%	Down Hole Equipment Rental Cos	%	%
Plant Turnaround/Maintenance	%	%	Equipment Dealers-new and used (no remanufacturing)	%	%
SWD Operation (not drilling)	%	%	Equipment Rental Cos-Pumps, tools, motors etc.	%	%
Salt Water Hauling for others	%	%	Mud Dealers	%	%
Soil Removal/Remediation	%	%	Pipe Dealers-new/used (no remanufacturing)	%	%
Rig Erection/Tear down including maintenance/repair	%	%	Safety Equipment Dealers	%	%
Tank and/or Pipe Cleaning	%	%			
Vacuum Services	%	%			
Valve Installers/re-packers (contractors)	%	%			

* Requires Supplemental Questionnaire



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Please indicate if the applicable Supplemental Questionnaire is being submitted with this application

Manufacturing or Remanufacturing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pipeline Construction or Pipeline Service Contractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sales, Rental & Distribution (Equipment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

WARRANTY STATEMENT

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

Name of Applicant

Title

Signature of Applicant

Date



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FRAUD WARNINGS:

Notice to Arkansas and West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Maine Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Oregon Applicants: Any person who, with intent to defraud or knowing that he or she 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.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to Applicants of all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.