



## Oil & Gas Service Contractor Questionnaire

COMPLETE IN ADDITION TO ACORD APPLICATIONS.  
ATTACH ADDITIONAL SHEETS AS NECESSARY.  
ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

**GENERAL INFORMATION:**

- 1. Name of Applicant: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. Location Address: \_\_\_\_\_

4. Years of experience as a service contractor: \_\_\_\_\_ years  
If this is a new venture, please include details of the applicant's experience, including a copy of the applicant's resume or a summary of the applicant's professional qualifications.

5. Number of Field Operation Employees: \_\_\_\_\_  
Gross Sales: \$ \_\_\_\_\_ Gross Payroll: \$ \_\_\_\_\_

6. What is the percentage of operations offshore or over-the-water (including swamps, marshes, bogs, etc.) \_\_\_\_\_ %

7. What operations do you subcontract out?

<u>Operations</u>	<u>Cost</u>

- 8. Do you perform work in refineries or petrochemical plants? Yes      No
- 9. Do you require all subcontractors to sign a Master Service Agreement? Yes      No  
If yes, what form of MSA are you using?    ADC                  API                  Other (attach copy)

10. Which of the following do you require from subcontractors?  
 Certificates of Insurance  
 Additional Insured status for yourself on the subcontractor's insurance policy  
 Waiver of Subrogation provisions on the subcontractor's insurance policy

- 11. What limits of insurance do you require for subcontractors? \_\_\_\_\_
- 12. Do you have a formal/written safety program in place? Yes      No
- 13. Are there periodic safety meetings? Yes      No  
If yes, how often? \_\_\_\_\_
- 14. Do you carry Workers' Compensation insurance for your employees? Yes      No
- 15. What is the annual amount of pipeline constructed that is equal or less than 4 inches in diameter: \_\_\_\_\_ miles



16. What is the annual amount of pipeline constructed that is greater than 4 inches in diameter: \_\_\_\_\_ miles
17. What percentage of pipeline is above ground? \_\_\_\_\_ %
18. What is the average depth of pipeline below ground? \_\_\_\_\_
19. Do you do any boring or tunneling under highways, railroads or water? Yes No

**OPERATIONS BY CLASSIFICATION**

Please provide gross sales and payroll for the following:

Payroll

Sales

1. Workover	Units: _____	_____	_____
2. Average depth:	Maximum depth: _____	_____	_____
3. Cementing	Units: _____	_____	_____
4. Cleaning/Swabbing	Units: _____	_____	_____
5. Erection/Dismantling of Derricks		_____	_____
6. Fracturing/Acidizing	Units: _____	_____	_____
7. Hot Oil	Units: _____	_____	_____
8. Vacuum	Units: _____	_____	_____
9. Installation/Removal of Casing		_____	_____
10. Logging	Units: _____	_____	_____
11. Perforating	Units: _____	_____	_____
12. Geophysical Exploration		_____	_____
13. Specialty Tool Operation		_____	_____
14. Trucking		_____	_____
15. Site Preparation		_____	_____
16. Other Operations not described above (please explain):		_____	_____

**WORKOVER CONTRACTORS**

1. Number of rigs you own: \_\_\_\_\_
2. Number of active rigs: \_\_\_\_\_
3. Maximum depth of workover: \_\_\_\_\_
4. Average depth drilled: \_\_\_\_\_
5. States in which you operate: \_\_\_\_\_

**FRAUD WARNINGS**

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

**Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Colorado:** 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. (In FL, a person is guilty of a felony of the third degree.)

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Kentucky:** 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.

**Applicable in Maine, Tennessee, Virginia and Washington:** 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 a denial of insurance benefits.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**REPRESENTATIONS**

Verus Underwriting Managers, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Underwriting Managers or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Underwriting Managers or the Company receives notice is on file with Verus Underwriting Managers and is considered physically attached to and part of the policy if issued. Verus Underwriting Managers and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Underwriting Managers, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**WARRANTY**

I/We warrant to Verus Underwriting Managers and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Underwriting Managers and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Underwriting Managers or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the</b>		<b>Date:</b>
<b>Print Name and Title of person authorized to execute on behalf of the applicant:</b>		
<b>Name and address of Broker:</b>		

**A copy of this application should be retained for your records.**