

BROKERAGE INFORMATION

Brokerage: _____ Producer: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

APPLICANT INFORMATION

Name of Insured: _____

Occupation: _____

Principal: _____

Address: _____

Business Phone: _____ Residence: _____

Fax: _____

1. Type of Work: (Describe operations in full detail)

2. What percentage of work is done: In the field: _____% In the office: _____%

3. Estimated Annual Receipts: \$ _____

4. Is any work done in the U.S.? Yes No If yes, what percentage and where?

Any foreign exposure? Yes No If yes, what percentage and where?

Is there any off shore work? Yes No If yes, what percentage and where?

5. What companies are you currently contracting work with?

6. Does the insured have any direct responsibility for on site work? Yes No

Does the insured make decisions on their own authority that will affect the site operations?

Yes No If yes, please describe: _____

7. Does the insured hire any sub-contractors? Yes No

If yes, please describe: _____

a. What amount of work is sublet annually? \$ _____

b. What kind of work is sublet? _____

c. Does the money for payment of the sub-contractors flow through the consultants business? _____

d. Does the insured have any sub-contractors that work exclusively for them and for which they are responsible for arranging insurance? Yes No If yes, please provide full details: _____

8. Does the insured work directly with tools or equipment? Yes No

If yes, please describe: _____

Does the insured assemble the bits/tools used for drilling? Yes No

If yes, please describe assembly: _____

9. What academic qualifications does the insured have? _____

10. What current certificates does the insured hold? (i.e. H2S, loss control, drilling etc.)

11. Describe the type and length of previous oilfield experience:

12. Describe any other training that is not mentioned above:

13. Does the insured perform and operations with respect to manufacture, installation, maintenance or service of blow out prevention equipment of any type. If so, please describe:

14. Previous Insurer: _____ Policy #: _____

Property Damage Deductible on prior policy? Yes No Amount: \$ _____

15. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts): _____

16. Effective Date: _____

17. Limits of Insurance desired: **Commercial General Liability**

- | | | |
|--------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> | \$1,000,000 aggregate per policy year | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> | \$2,000,000 aggregate per policy year | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> | \$3,000,000 aggregate per policy year | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> | \$5,000,000 aggregate per policy year | Property Damage Deductible \$1,000 |

The undersigned declares that to the best of their knowledge and belief that the foregoing statements and representations are complete and accurate. Signing of this application does not bind the applicant to complete the insurance but it is agreed that the application shall be the basis of the contract, should a policy be issued.

Broker Signature

Date

Insured Signature

Date