

**OIL & GAS CONSULTANT'S SUPPLEMENTAL APPLICATION**

1. Name of Applicant: \_\_\_\_\_

2. Years of experience as a consultant \_\_\_\_\_.  
(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.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Annual projected total gross revenue: \$ \_\_\_\_\_; \_\_\_\_\_% land \_\_\_\_\_% over water  
Annual projected gross payroll: \$ \_\_\_\_\_

Please provide the specifics of the work you will perform \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Specify the total numbers of employees including principals:
- |  |       |  |       |
|--|-------|--|-------|
| a. Petroleum Engineers:                | _____ | f. Draftsmen, Technicians, Inspectors, Surveyors | _____ |
| b. General Engineers other than above: | _____ | g. Clerical and Accounting Employees:            | _____ |
| c. Geologists or Hydro geologists:     | _____ | h. Administrative Management:                    | _____ |
| d. Field Supervisors                   | _____ | i. Safety Training                               | _____ |
| e. Gate Guards                         | _____ |  |       |

Other: Specify: \_\_\_\_\_

5. Specify the approximate percentage of services provided by the Applicant for each of the following categories:
- |   |        |                  |        |
|---|--------|------------------|--------|
| a. Refineries, Gas Plants, Petrochemical Plants | _____% | d. Over Water    | _____% |
| b. Oilfield                                     | _____% | e. Environmental | _____% |
| c. Industrial Plants                            | _____% | f. Other         | _____% |

6. If the applicant works offshore or over water (including swamps, marshes, bogs, etc.), please provide the full particulars:  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list and describe the last 5 projects completed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you responsible for hiring and/or firing subcontractors for your client?  Yes  No

If you are not responsible for hiring and/or firing subcontractors, who is? \_\_\_\_\_

9. Do you exercise control , direct activities or supervise your client's subcontractors?  Yes  No

If yes please provide details:

---

---

10. Are you responsible for safety for the entire site?  Yes  No

11. Do you have authority to stop work for safety reasons?  Yes  No

12. What percentage of your work is at the lease site? \_\_\_\_\_%

13. Do you carry separate Professional Liability Coverage?  Yes  No

If so, please provide carrier, limits of liability and effective dates of coverage:

---

---

14. Please provide details on any liability claims made against you in the past 3 to 5 years, including professional liability:

---

---

15. Do all of the contractors at the site understand that you are here only to observe their work and that you can't instruct them on how they should perform their work?  Yes  No

Do you sign contracts with subcontractors on behalf of your client?  Yes  No

Do you sign work orders with subcontractors on behalf of your client?  Yes  No

Do you sign a contract with your client?  Yes  No

If "yes" what type \_\_\_\_\_

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

---

YOUR SUBCONTRACTORS:

16. Do you require your subcontractors to sign a Master Service Agreement (MSA) or other contract with you before you hire them?  Yes  No

17. Are you named as an Additional Insured on the subcontractor's policies?  Yes  No

18. Do you require a waiver of subrogation endorsement from subcontractors?  Yes  No

19. Do you require a Certificate of Insurance from subcontractors?  Yes  No

20. Do you utilize subcontracted employees on 1099 basis?  Yes  No

If so, do you require all of those subcontracted employees to carry their own insurance?  Yes  No

## **GENERAL FRAUD STATEMENT**

**(Not applicable in the states mentioned below where a specific warning applies.)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

### **Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia**

Any person who knowingly and willfully 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.

### **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.

### **Florida**

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

### **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.

### **New Jersey**

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

### **New York**

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

### **Ohio**

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.

### **Oklahoma**

**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.

### **Pennsylvania**

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.

### **Maine, Tennessee, Virginia, 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 include imprisonment, fines and denial of insurance benefits.

**WARRANTY**

I/We warrant to 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 the Company evidence its acceptance of this application by issuance of a policy.

**Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

---

Applicant's Signature Date

---

Agent or Broker's Name (Please print) Signature Date