



Oil & Gas Operator/Non-Operator Supplemental Application

General Information

Named Insured: _____
(If more than one – please provide a % of ownership for each name.)

Number of years you have operated under this name: _____

Please provide any other name(s) you have used previously as well as details of such operations: _____

Office Address: _____

Mailing Address: _____

States in which you work: _____

Years experience in the field: _____
(If less than 5 years – please attach resume.)

Web Address (if available): _____

Insured Interest

Insured Interest in Oil & Gas Wells:		
Owner/Operator	Yes	No
Non-Operating Working Interest	Yes	No
Lease Operator	Yes	No
Development of wells on lease-site via contract drillers	Yes	No
Other: _____		

Please provide details for each applicable operation:

Non-Operating Working Interests (Investor Only) Information

Please list the # of wells by % Working Interest:

# of Wells	Percentage Working Interest
_____	0% to 25%
_____	26% to 50%
_____	Over 50%

Oil & Gas Wells by State:

State	Oil	Gas	SWD	Status	TBD
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are Certificates of Insurance obtained from the operator and maintained in the insured's office? _____

Are you named as an Additional Insured under the operator's policy? _____

Operated Wells

Oil & Gas Wells by State:

# of Wells	State	Oil	Gas	SWD	Status	TBD
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are any wells located in an ocean, bay, marsh, or any other body of water? Yes No

If Yes, explain _____

Are any wells located along the coast of TX, LA, MS, AL? Yes No

If yes, please provide specific location information (either by closest town, address, section, township, range or latitude/longitude): _____

Are there any wells within 1000 feet of an occupied structure? Yes No

If yes, attach well descriptions and locations.

Are there any wells located within city limits? Yes No

If yes, attach well descriptions and locations.

Are the wells properly fenced, gated, and locked in compliance with all state and local codes? _____

Wells To Be Drilled As Operator

of wells with depth of 7500' or less _____

of wells with depth of 7501' to 12000' _____

of wells exceeding 12000' _____

of horizontal/directional _____

Who is the drilling contractor? _____

Does the insured use an IADC contract? _____

If not, % of other drilling contracts used _____

% Turn-key _____

% footage _____

% day work _____

Are BOP's required for all wells? _____

Any open hole (no Casing) drilling? _____

Any drilling in high-pressure areas? _____

Does the Insured carry Control of Well insurance? _____ If so, at what limit? _____

Carried on drilling wells? _____

Carried on producing wells? _____

Who maintains the BOP's? _____

Pollution Exposures

Do you have an emergency response/spill prevention plan? _____
If yes, when was it last updated? _____

If you have purchased producing wells in the past year, was an environmental impact study completed? _____
Were there any issues indicated on the report? _____
If yes, please describe: _____

If you have any disposal wells, are others allowed to use? _____
If yes, what controls are in place? _____

Revenues from disposal well operations? _____

Independent Contractors

Are MSA's used with sub-contractors? _____
Are Certificated of Insurance required and maintained on file? _____
Are required minimum limits of liability coverage equal to your own? _____
Do you require that they have coverage for underground property damage? _____
Do you require that they have coverage for pollution hazards? _____
Are you named as an Additional Insured with Waiver of Subrogation on the contractor's CGL policy? _____
Cost of independent Contractors? _____

General Well Site Information

Any H2S exposure at any well site? _____
Are field employees wearing H2S monitors at all such sites? _____
Are field employees trained and certified in H2S? _____
Are proper warning signs posted at all such sites? _____
Number of H2S wells inside city limits? _____
 How close to the nearest residence of business? _____
 Are there gas detection systems on wells? _____
Does the Insured provide the laying of pipe, hook ups, installation or maintenance of meters or regulators?
Do you operate, own or have an interest in any of the following?
 Any gas processing, squeezing, or sweetening facilities that service third party wells? _____
 Gas Gathering systems or flow lines for other than your operated wells? _____
 Gasoline Recovery (distillate) plants? _____
 Interstate or Intrastate Pipeline? _____
 Transmission or Distribution Lines? _____
 Refinery? _____
 Bulk Storage/terminal facility? _____

If yes to any of the above, please advise details: _____

Insured's Signature

Date