



General risk information

Detailed business description

Policy inception date	Name of insured
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Risk address

House number	Building name
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Street name	City
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State	Postal/zip code
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Name of principals/partners/directors

Website (if applicable)

Interested party(ies)

Existing insurer

Existing premium (combined all required sections)

Target premium (combined all required sections)

Expiring deductibles

Competitors deductibles quoted

New/renewal	New	Renewal
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General queries and duty of disclosure

1. What year was the business established?

2. If business has been trading for less than three years, please enter the director's experience.

3. Have you ever traded under a different name?

Yes

No

a. If YES, please provide further details:

4. What year did you begin trading from your current address?

5. Have you been at your address for less than five years?

Yes

No

a. If you've been at your address for less than five years, please advise previous address(es) or reason for no previous address:

6. Has any insurer ever declined your proposal, cancelled, or declined to renew your policy or imposed special terms?

Yes

No

7. Has any product, work, or location been excluded from any previous insurance cover or uninsured or self-insured?

Yes

No

8. Has any insurance ever been cancelled for non-payment of premium?

Yes

No

9. Have you or any director or partner ever been convicted of or charged (but not yet tried) with any criminal offense?

Yes

No

10. Have you or any director or partner ever been prosecuted under the Health and Safety Act or any other statute or regulation?

Yes

No

11. Have you or your direct business partners, director or shareholders ever declared bankruptcy?

Yes

No

12. If YES to any of the above, please provide further details:

Inland Marine general risk information

Broker name

Occupation(s)	Percentage of occupation

1. Other than fire suppression units, please enter details of any further preventative measures for fire risk that are in place:

2.	How frequently are the vehicles usually serviced?	Every	months		
3.	Has any unit featured on the schedule of vehicles been performance modified from the original manufacturer's specification?			Yes	No
4.	Estimated Gross Annual Turnover for forthcoming period of insurance				
5.	Estimated Annual Wages for forthcoming period of insurance				
6.	Number of employees				
7.	Do you process, handle, or store any industrial materials that are toxic, explosive, flammable, or corrosive?			Yes	No
	a. If YES, please provide further details:				
8.	Do you hire out contractors and/or subcontractors?			Yes	No
	If YES:				
	Number of (sub)contractors past 12 months				
	Estimated number of (sub)contractors next 12 months				
	Percentage of turnover relating to (sub)contractor work next 12 months				
	Estimated percentage of turnover relating to (sub)contractor work next 12 months				
	Type of work carried out:				
9.	Do you engage personnel from Labour Hire companies?			Yes	No
	If YES:				
	Number of Labour Hire personnel past 12 months				

Estimated number of Labour Hire personnel next 12 months

Percentage of turnover relating to Labour Hire work past 12 months

Estimated percentage of turnover relating to Labour Hire work next 12 months

Type of work carried out

If yes, please provide further details:

Driving operations information

	Radius	Percentage split	
	<400kms		
	401-800kms		
	801-1,200kms		
	1,201-1,600kms		
	>1,601kms		
1. Any underage and/or inexperienced drivers/operators?	Yes	No	
a. If YES, please provide further info:			
Have you or any of your drivers in the last five years:			
2. Been convicted of or charged with fraud, arson or theft or any other criminal act?	Yes	No	
3. Had an accident or loss, a vehicle stolen or made a claim under an insurance policy?	Yes	No	
4. Had any driving offence or traffic infringement fines (other than parking) or had a drivers license cancelled or suspended?	Yes	No	
5. Had any insurance declined or cancelled, been refused renewal of any insurance or had special terms, conditions or excesses imposed?	Yes	No	
6. Been convicted with driving with a Prescribed Concentration of Alcohol (PCA) above the limit, driving under the influence (DUI) or drug offence within the last five years?	Yes	No	
7. Do any operators suffer from any medical condition which could affect their driving performance?	Yes	No	

8. If YES to any of the above, please provide further detail:

Contractors equipment

1. Earthquake Limit

2. EQ/VOL Rating

3. Flood Limit

4. Flood Zone Rating

5. Flood Claims in the past 5 years

6. Owned Equipment Limit (USD)

7. CE Property Loaned, Leased or Rented FROM Others Limit

8. CE Property Loaned, Leased or Rented FROM Others Limit - any one item

9. CE Property Loaned, Leased or Rented TO Others Limit

10. Additional Acquired Property - Limit

11. Waterborne Property - Limit

12. Rental Reimbursement - Limit of Insurance

13. Rental Reimbursement - Any One Day

14. Rental Reimbursement - Any One Loss

15. Continuing Rental Expense - Limit

16. Unscheduled Tools and Equipment - Your Tools and Equipment Limit of Insurance - Any One Item

17. Unscheduled Tools and Equipment - Employee Tools and Clothing Limit of Insurance - Any One Item

18. Unscheduled Tools and Equipment - Employee Tools and Clothing Limit of Insurance - Any one occurrence

19. Electronic Equipment - Limit

20. Debris Removal – Limit

21. Business Income/Extra Expense - Contractors Equipment - Limit of Insurance - Any One Occurrence

22. Are there any other particular sub-limits/covers required?

23. Value of Largest Individual Item (USD)

24. Settlement Type

25. Claims History (past 5 years)

26. Any theft claims in the last five years?

27. Any fire claims in the last five years?

Real and personal property

1. Claims history (past 5 years)

Oil & gas downhole/over-the-hole general information supplemental application

1. List all states in which you work.

2. Do you currently work or intend to work in any of the following states – AL, GA, IL, KY, MI, MS, NY, OH, PA, TN, VA, WI, WV?	Yes	No
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3. Number of years' experience performing your current operations:

4. What is your web address?

5. Any work performed offshore or in any bay, marsh, swamp, or lake?	Yes	No
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6. Any oil well work?	Yes	No
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7. What is your percentage of staff turnover in the last 12 months?

Safety

1. Do you have a formal written Safety program that is given to all employees?	Yes	No
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2. Is safety training given to all employees?	Yes	No
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3. How often are safety meetings held?

4. Do safety meeting and training sessions address use of large equipment at well sites?	Yes	No
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5. Do you have a full-time safety manager?	Yes	No
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a. If YES, name:

b. If YES, cell number:

6. Do you have a written cell phone policy?	Yes	No
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7. Do you have and MVR program that includes pre-hire, post-accident, and annual review?	Yes	No
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8. Do you have a safety incentive program for all field employees?	Yes	No
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9. Do you have an active Drug and Alcohol testing program including pre-employment, random, and post-accident?	Yes	No
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10. Do you have formalized post loss incident review process to determine cause?	Yes	No
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11. Do you conduct frequent field safety inspection of work in progress?	Yes	No
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12. Do you have a formalized written or pad enabled Job Site Safety Assessment that is completed before each shift?	Yes	No
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Risk profile

1. What is your current work compensation mod?		
2. Are you a member of IADC?	Yes	No
3. Are you a member in good standing with ISNet World?	Yes	No
4. Do you operate in areas that expose equipment and personnel to H2S?	Yes	No
5. Have you experience any equipment fires or well blowout/fire losses in the last 3 years?	Yes	No

Equipment maintenance

1. Do you have a formalized OEM equipment maintenance program in operation?	Yes	No
2. Are your hot oiler units equipped with SM 80 Coils?	Yes	No
3. Do you replace all hot oiler unit hoses annually?	Yes	No
4. Do you have all heavy equipment repair such as brakes, fuel system, and hydraulic system repairs done by outside repair facility?	Yes	No

Subcontractors

1. Do you have a monitoring system for all contracts (MSAs) and Certificates of Insurance?	Yes	No
2. Do subs provide certificates of insurance with equal or greater limits that yours?	Yes	No
3. Do you maintain an approved list of vendors and subcontractors?	Yes	No

Please provide operations breakdown by type of operations

Check all that apply	Type of work done	Payroll	Gross annual receipts
	acidizing		
	casing installation		
	casing recovery		
	cementing		
	cleaning/swabbing		
	equipment rental (down/over hole)		
	fishing work		
	flowback work		
	fracing		
	general site preparation		
	geophysical exploration		
	hot oil service/treatment		
	hot shot services		
	mud supply		
	perforation services		
	pipeline construction		
	pumper/gauger operations		
	rig erection/ dismantling		
	roustabout services		
	salt water disposal wells		
	tank battery erection		
	production water services		
	welding		
	well logging service		
	wireline services		
	workover/service rigs		

Any other details you wish to share regarding your risk management program:

Other

1. How is your equipment stored when not in use? Are there any theft prevention measures in place?

2. Do you undertake shore or waterbourne work?	Yes	No
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3. Do you have any equipment that operates underground?	Yes	No
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a. If yes - please list that equipment.

4. Have you had any underground losses?	Yes	No
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5. Do you rent/hire out any equipment?	Yes	No
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6. Does any of your equipment have fire extinguishing systems?	Yes	No
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7. Do all of your crane operator, derrick operator, signal person, lift director and rigger hold a NCCCO Certification?	Yes	No
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8. Do you undertake service and maintenance of equipment for third parties?	Yes	No
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9. Do you have daily job tickets signed when working on third party or contract sites?	Yes	No
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10. Are there any additional loss payees?	Yes	No
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11. Do you undertake wrecking/towing in your business activities?	Yes	No
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12. Do you act as an equipment dealer?	Yes	No
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Declarations

I have confirmed with the client that the above statements and particulars contained in the above have been checked are true and that no information has been withheld which might increase the risk or influence acceptance by the Insurers.

I have advised the client that should the above statements or particulars alter in any way, Underwriters must be advised immediately.

I have confirmed with the client that no information has been suppressed, misrepresented or miss-stated, all material facts are true as far as the client is reasonably aware, and that all values and financials disclosed above have been fairly estimated.

I have advised the client that that this proposal shall hold promissory and form the basis of the contract between the client (the Insured) and the Insurers and the client is in agreement.

I have advised the client and the client understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in the Insurers refusing to provide indemnity or voiding the policy in every respect.

The client agrees to render, at the end of each period of insurance, declarations in the form required by the Insurers and to pay any additional premium due in excess of the amount estimated.

Please confirm that all the above are true to the best of your knowledge:

Signature: _____

Date: _____