

Oil and gas downhole/Over-the-hole general information supplemental application

(Please include along with this completed supplemental, Acord 125, complete equipment schedule including year, model, value, and 5 year currently valued loss runs with loss detail on any loss over \$50,000)*

*Note additional information may be requested based on responses provided

List all States In which you work				
Do you currently work or intend to work in any of the TN, VA, WI, WV; Yes No	following	States A	L, GA, IL	, IN, KY, MI, MS, NY, OH, PA,
Number of years' experience performing your curren	t operatio	ns	year(s))
What is your web address?				
Any work performed offshore or in any bay, marsh, s	wamp, or	lake?	Yes	No
What is your percentage of staff turnover in last 12 m	nonths?		%	
Safety Do you have a formal written Safety program that is	given to a	II	Yes	No
employees?				
Is safety training given to all employees?			Yes	No
How often are safety meetings held?		Quart	terly, Monthly, Weekly	
Do safety meeting and training sessions address use equipment at well sites?	e of large		Yes	No
Do you have a full-time Yes No If yes, No safety manager?	Name			Cell number
Do you have a written cell phone policy?	Yes	No		
Do you have and MVR program that includes pre- hire, post-accident, and annual review?	Yes	No		
Do you have a safety incentive program for all field employees?	Yes	No		
Do you have an active Drug and Alcohol testing program including pre-employment, random, and post-accident?	Yes	No		
Do you have formalized post loss incident review process to determine cause?	Yes	No		

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Do you conduct frequent field safety inspection of work in progress?	Yes	No
Do you have a formalized written or pad enabled Job Site Safety Assessment that is completed before each shift?	Yes	No
Risk profile		
What is your current work compensation mod?		
Are you a member of IADC?	Yes	No
Are you a member in good standing with ISNet World?	Yes	No
Do you operate in areas that expose equipment and personnel to H2S?	Yes	No
Have you experience any equipment fires or well blowout/fire losses in the last 3 years?	Yes	No
Equipment maintenance		
Do you have a formalized OEM equipment maintenance program in operation?	Yes	No
Are your hot oiler units equipped with SM 80 Coils?	Yes	No
Do you replace all hot oiler unit hoses annually?	Yes	No
Do you have all heavy equipment repair such as brakes, fuel system, and hydraulic system repairs done by outside repair facility?	Yes	No
Subcontractors		
Do you have a monitoring system for all contracts (MSAs) and Certificates of Insurance?	Yes	No
Do subs provide certificates of insurance with equal or greater limits that yours?	Yes	No
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		

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Cl	eaning/swabbing	
e.	quipment rental down/over hole)	
fi	shing work	
flo	owback work	
fr	acing	
g	eneral site preparation	
g	eophysical exploration	
h	ot oil service/treatment	
h	ot shot services	
m	nud Supply	
p	erforation services	
pi	ipeline construction	
p	umper/gauger operations	
ri	g erection/ dismantling	
rc	oustabout services	
Sa	alt water disposal wells	
ta	ank battery erection	
р	roduction water services	
w	elding	
w	ell logging service	
w	ireline services	
w	orkover/service rigs	

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

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's signature	
Date	
Producer's signature	
Date	

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