

# International Application Oil and Gas Supplement

## Applicant Information

## Broker Information

Named Insured: \_\_\_\_\_

Brokerage Name: Cover Agency, Ltd

### Complete if insured has Financial Interest in Developmental Producing or Plugged / Abandoned Wells

Describe Below, or check here  to confirm you are providing information in a schedule of wells as separate attachment.

Well Location	% Interest	Type
	%	Please Select
	%	Please Select
	%	Please Select
	%	Please Select

### Complete if insured is Oil or Gas Well Lease Operator or Driller

Check here  to confirm you are providing as separate attachment with the following information on projects scheduled for the next 12 months:

1. Schedule of developmental or injection wells to be drilled; *include location and type (oil or gas)*
2. Producing wells operated; *include location, depth, % interest and type (oil or gas)*
3. # onshore drilling rigs owned or operated; *indicate exposures, number that are within city/town limits, near water or within 1,000 feet of an occupied structure or are near existing wells owned or operated by others*
4. # offshore drilling rigs owned or operated; *include exposure*
5. Confirm existence of Operators Extra Expense/Control of Well Coverage:
  - a. *Carrier:*
  - b. *Pollution Cover Included?*
  - c. *Limits?*

### Well Operation Information

Does Insured Draw Plans, Designs or Specifications? Yes  No

-If Yes, Describe \_\_\_\_\_ or check here  to indicate you are providing as separate attachment.

Does Insured Work as a Project Manager or Site Supervisor? Yes  No

-If Yes, Describe \_\_\_\_\_ or check here  to indicate you are providing as separate attachment.

Does Insured Have Any Diving Operations Associated with Wells? Yes  No

-If Yes, Describe \_\_\_\_\_ or check here  to indicate you are providing as separate attachment.

Does Insured have any hydraulic fracturing operations associated with wells? *This would include actual fracturing operations or the manufacturing, sale, or transportation of fracturing fluids.* Yes  No

-If Yes, Describe \_\_\_\_\_ or check here  to indicate you are providing as separate attachment.

Does Insured Rent Equipment to Others for Well Operation or Drilling ? Yes  No

If Yes, % With Operators \_\_\_\_\_ % Without Operators \_\_\_\_\_

Does Insured Subcontract to Others Work Associated with Wells? Yes  No

-If Yes, Describe \_\_\_\_\_ or check here  to indicate you are providing as separate attachment.

What is Cost of Subcontracted Work? Projected 12 months \$ \_\_\_\_\_ USD Prior 12 months \$ \_\_\_\_\_ USD

Does Insured Use Master Service Agreement (MSA)? Usually  Seldom  Never

If Usually or Seldom, check here  to indicate you are providing a sample agreement as separate attachment

**Do Insured's Master Service Agreement or Service Contracts Contain the Following Terms:**

- Minimum Required Limit \$1Million USD: Yes  No  If Yes, MSA  Service Contract
- Mutual Indemnity: Yes  No  If Yes, MSA  Service Contract
- Subcontractor Required to Include Insured as Additional Insured: Yes  No  If Yes, MSA  Service Contract
- Subcontractor Required to Provide Waivers of Subrogation: Yes  No  If Yes, MSA  Service Contract

**Projected Well Exposures**

Describe Below, or check here  to indicate you are providing as separate attachment.

	Projected 12 Months (USD)	Prior 12 Months (USD)	% Work On-premise	% Field Operations (Wet/Dry)
<b>Gross Receipts</b>	\$	\$	%	%
<b>Payroll total</b>	\$	\$	%	%
<b>USL&amp;H Payroll</b>	\$	\$	%	%
<b>Jones Act Payroll</b>	\$	\$	%	%

**Additional Insurance and Loss Information**

Does Insured Carry Maritime Employers Liability (MEL) Insurance? Yes  No  If Yes, at What Limit? \$ \_\_\_\_\_

Does Insured Carry Protection & Indemnity (P&I) Insurance? Yes  No

- If Yes, Does it Include Crew? Yes  No

Has Insured Incurred Losses, Been Notified of Intent to Sue, Paid Damages or Been Requested to Pay Damages for Causing or Contributing to Pollution or Environmental Damage, Actual or Alleged ? Yes  No

- If Yes, Explain \_\_\_\_\_ or check here  to indicate you are providing on a separate attachment.

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_