

SECTION I: APPLICANT					
NAME OF APPLICANT:				DATE:	
MAILING ADDRESS:					
CITY:		STATE:		ZIP CODE:	
TELEPHONE:			WEB ADDRESS:		
Company is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER
PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:					
1) Statement of Qualifications (SOQ) including resumes.					
2) Two most recent years' income statement and balance sheet.					
3) Three years of currently valued loss runs.					
4) List of recent projects – (See page six of this application)					
5) Copy of endorsement or dec page from current policy confirming retroactive date(s)					

SECTION II: COVERAGE REQUESTED			
<input type="checkbox"/> General Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retroactive date:
<input type="checkbox"/> Contractors Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retroactive date:
<input type="checkbox"/> Professional Liability	Claims Made Form only		Retroactive date:
<input type="checkbox"/> Site Pollution Liability	<input type="checkbox"/> Onsite	<input type="checkbox"/> Third Party	Claims Made Form only Retroactive date:
PROPOSED EFFECTIVE DATE:	LIMITS REQUESTED: (Occurrence / Aggregate)		RETENTION REQUESTED:
	\$ / \$		\$

SECTION III: CURRENT INSURANCE INFORMATION						
Coverage	Carrier	Limits	Premium	Effective Date	Retention	Retro Date
General Liability		\$ / \$	\$		\$	
Contractors Pollution		\$ / \$	\$		\$	
Professional Liability		\$ / \$	\$		\$	
Umbrella/Excess		\$ / \$	\$		\$	
Auto		\$ / \$	\$		\$	
Work Comp		\$ / \$	\$		\$	
<p>Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to Applicant, a predecessor in business, or a person, firm or organization for whom Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, provide details below)</p>						

SECTION IV: GENERAL INFORMATION

1. Year Applicant was established: _____

2. Has Applicant ever operated under another name? Yes No
If yes, explain:

3. Has Applicant acquired, merged, or discontinued any operations in the last five (5) years? Yes No
If yes, explain:

4. Does Applicant have: Subsidiaries Parent Company Other Related Entities
If yes, explain:
Do you share employees? Yes No
If yes, explain:
Please list Other Named Insureds:

5. Is coverage intended for a Joint Venture? Yes No
If yes, explain:

6. Does Applicant have any branch offices? Yes No
If yes, where?

7. Detail geographical extent of operations:
_____% Domestic _____% Foreign (Provide geographical locations of all foreign projects)

8. List the State(s) in which your work is performed:

9. How much work is performed from boats, docks or barges?
_____%

10. Breakout of Personnel: (**Need copies of resumes for each person)

Petroleum Engineers**	_____	Draftsmen/Technicians:	_____
Engineers (all other)**:	_____	Specialty contractors:	_____
Geologists**:	_____	Field Personnel:	_____
Supervisors/Foremen:	_____	Other (describe):	_____

SECTION V: BUSINESS PRACTICES & SAFETY PROTOCOL

1. Does Applicant use a standard written contract with its clients? Yes No
If yes, please answer the following and include a copy of your standard contract

2. What percentage of your projects are contracted using:
_____% Applicants Standard Contract
_____% Letter of Agreement
_____% Client's contract form
_____% Verbal agreement
_____% Other:

3. Does Applicant's standard contract contain a limitation of liability clause? Yes No
If yes, to what extent is liability limited?

4. What percentage of Applicant's work is subcontracted out? _____%

5. What percentage of Applicant's subcontractors and subconsultants are hired under a written, standard subcontract? (**Attach a copy of the standard subcontract**) _____%

6. Describe the minimum insurance requirements for subcontractors and subconsultants:
General Liability \$ _____
Contractors Pollution \$ _____
Professional Liability \$ _____

7. How are non-standard client and/or subcontract agreements reviewed?
 Attorney: Outside Attorney: In-house Agent Reviews Staff (**please describe**)

8. Does Applicant have written in-house quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does Applicant have written in-house health and safety procedures? Please forward Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does Applicant have a written Hazardous Communication Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI: GROSS REVENUE	
\$ _____ 1 st prior year's revenue	Fiscal Year Period _____ to _____
\$ _____ 2 nd prior year's revenue	
\$ _____ Estimated gross revenue for the next 12 months	

SECTION VII: CONSULTING SERVICES – TYPE (Select "yes" or "no" to each)	
1. Involved with design, engineering, management of refineries, natural gas processing plants or petrochemical plants	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Involved with direct supervision, control or oversight of drill rig or rig personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do not provide direct supervision or oversight of drill rig or rig personnel? - No involvement in drilling exploration, completion, workover or production services - Strictly observe & report to project owner (eyes & ears only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Provide direct supervision or oversight of a specialized service with over the hole or downhole exposure, including but not limited to production, perforation, completion, drilling or drillstring operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VIII: CONSULTING SERVICES CLASSIFICATION BREAKDOWN		
CONSULTING SERVICES	Projected Revenues	% Subcontracted
Air Quality Monitoring	\$	%
Drilling Consultant	\$	%
Environmental Assessment/Investigation (Phase I, II, III)	\$	%
Geophysical	\$	%
Geotechnical Engineering	\$	%
Health & Safety	\$	%
Lab Analysis	\$	%
Marine Engineering	\$	%
Mud Logging	\$	%
Oil & Gas Well Engineering	\$	%
Oilfield Consulting - Permitting, jobsite assessment (no direct supervision)	\$	%
Perforation/Well Completion	\$	%
Pipe & Tank Integrity Testing & Leak Detection	\$	%
Pipeline Inspection	\$	%
Process Engineering	\$	%
Project Management – direct supervision (fire/hire – halt production)	\$	%
Project Management – health & safety only	\$	%
Reservoir modeling and/or engineering	\$	%
Seismic Surveys	\$	%
Structural Engineering	\$	%
Workover or Drillstring Consulting	\$	%
OTHER (specify)	\$	%
Total Revenues for Consulting Services:	\$	%

SECTION IX: CONTRACTING OPERATIONS		
CONTRACTING OPERATIONS	Projected Revenues	% Subcontracted
Asbestos Abatement	\$	%
Acidizing	\$	%
Blowout preventer/wellhead valve servicing	\$	%
Casing installation/removal	\$	%
Cementing	\$	%
Completion/perforation	\$	%
Downhole Tool Operator	\$	%
Drilling (Oil & Gas)	\$	%
Drilling (Rat Hole)	\$	%
Fireproofing	\$	%
Fishing/Tool Retrieval	\$	%
Flowback Services	\$	%
Flowline Construction	\$	%
Hauling – Other (Describe): _____	\$	%
Heat Treating	\$	%
Hot Oiling	\$	%
Hot Shot/For-Hire Trucking	\$	%
Hydraulic Fracturing	\$	%
Industrial Cleaning	\$	%
Insulation	\$	%
Lease Operators/Non-Operators	\$	%
Liquid Waste Remediation	\$	%
Midstream Operations	\$	%
Painting/Sandblasting	\$	%
Paraffin Services	\$	%
Pipeline Construction & Maintenance - Oil & Gas	\$	%
Pipeline Construction & Maintenance – Other (Describe): _____	\$	%
Pipeline Pigging	\$	%
Pit & Tank Lining	\$	%
Plant Turnaround Operations	\$	%
Plugging & Abandonment	\$	%
Process Piping Installation & Maintenance	\$	%
Refinery Contractors	\$	%
Refractory Services	\$	%
Rig Erection & Teardown	\$	%
Saltwater Disposal Operations	\$	%
Saltwater Hauling	\$	%
Site Preparation	\$	%
Soil Remediation	\$	%
Swabbing/Cleaning	\$	%
Tank & Pipe Cleaning	\$	%
Vacuum Truck Services	\$	%
Welding	\$	%
Wellpad Construction	\$	%
Wireline Services	\$	%
Roustabout (Note - if there are any revenues associated with this operation, Section X must be completed)	\$	%
OTHER (specify)	\$	%
Total Revenue for CONTRACTING Operations:	\$	%

SECTION X: ROUSTABOUT OPERATIONS		
ROUSTABOUT (Provide Revenue Breakdown of Operations)	Projected Revenues	% Subcontracted
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
Total Revenue for ROUSTABOUT Operations:	\$	%

SECTION XI: Percentage of Total Revenues from the Following Types of Projects (100%)			
Commercial	%	Oilfield	%
Environmental	%	Petrochemical Plants	%
Industrial Plants	%	Residential	%
Marshes/Bays/Inland Waterways	%	Refineries	%
Natural Gas Plants	%	OTHER (specify)	%
Offshore	%	TOTAL	100%

SECTION XII: CLAIMS HISTORY																
<p>1. Has any claim, suit or notice of incident been made previously (last five years) against Applicant (or Predecessor) or reported under any Commercial General Liability, Contractors Pollution Liability, Professional Liability policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details on additional paper: a) date claim was made; b) date of incident, act or omission giving rise to the claim; c) name of claimant; d) nature of claim; e) amount paid or estimated to be paid; and f) current status and/or final disposition of claim.</p>																
<p>2. Is any member of Applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details on additional paper.</p>																
<p>3. Has any member of Applicant, or predecessor firm or any entity that Applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details on additional paper.</p>																
4. Summary of Claims History:																
	<table border="1"> <thead> <tr> <th></th> <th>Number of Claims</th> <th>Total Incurred (Includes Paid Loss, Expense Paid, and Reserves)</th> </tr> </thead> <tbody> <tr> <td>Current Year</td> <td></td> <td>\$</td> </tr> <tr> <td>1st Prior Year</td> <td></td> <td>\$</td> </tr> <tr> <td>2nd Prior Year</td> <td></td> <td>\$</td> </tr> <tr> <td>3rd Prior Year</td> <td></td> <td>\$</td> </tr> </tbody> </table>		Number of Claims	Total Incurred (Includes Paid Loss, Expense Paid, and Reserves)	Current Year		\$	1 st Prior Year		\$	2 nd Prior Year		\$	3 rd Prior Year		\$
	Number of Claims	Total Incurred (Includes Paid Loss, Expense Paid, and Reserves)														
Current Year		\$														
1 st Prior Year		\$														
2 nd Prior Year		\$														
3 rd Prior Year		\$														
CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED																

1	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
2	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
3	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
4	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
5	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
6	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
7	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
8	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

IN ADDITION, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICABLE FRAUD WARNINGS SET FORTH BELOW:

_____ Name of Applicant	
_____ Signature of Authorized Applicant	_____ Signature of Broker/Agent
_____ Print Name	_____ Print Name
_____ Title	_____ Agency Name
_____ Date	_____ Date

FRAUD WARNING STATEMENTS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly 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 restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.