



OIL AND GAS INDUSTRY AUTOMATIC RENEWAL APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

NOTICE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

A. APPLICANT INFORMATION

Name Of Applicant: John E. Meador Construction Inc. Date: 6-7-22
Inspection Contact Name: Matt Lloyd Title: Owner Phone: 325-853-3135
Address: PO Box 558
City: Eldorado State: TX Zip Code: 76936
Company Website: _____ D&B No.: _____
Company is an: ☐ Individual ☐ Partnership ☒ Corporation ☐ Joint Venture
☐ Other (describe): _____

During the past policy period have there been any changes in the following?

1. Structure of the company: ☐ Yes ☒ No
2. Name of the company: ☐ Yes ☒ No
3. Has the applicant been involved in any acquisitions, sales, or mergers with any other businesses? ☐ Yes ☒ No
4. Has the applicant entered into any agreements to share or otherwise utilize the labor force of another business? ☐ Yes ☒ No

If any answers to the above are yes, please provide complete details of all changes:

B. OPERATIONS INFORMATION

During the past policy period have there been any changes in the following:

1. Contracting operations provided by the applicant? ☐ Yes ☒ No
If yes, please describe:

2. Professional and consulting services provided by the applicant? ☐ Yes ☒ No
If yes, please describe and enclose the resume(s) of the professional(s) performing these services.

3. Contracting operations or professional and consulting services performed on behalf of the applicant by subcontractors or sub-consultants? ☐ Yes ☒ No

If yes, please describe:

4. Does the applicant currently or plan to provide services or perform work in the state of New York? ☐ Yes ☒ No
- If yes, please answer the following:

What percentage of the applicant's overall sales is associated with this operation? _____%

Describe services provided:

5. Please describe any discontinued operations or professional consulting services:

C. REVENUE INFORMATION. Please complete the most applicable statement below:

1. The applicant does not anticipate any changes in estimated gross revenues for the upcoming term over the expiring term. ☐ Yes ☐ No
2. The applicant estimates gross revenues will **increase by 10%** for the coming term: _slight increase_____
3. The applicant estimates gross revenues will decrease by _____% for the coming term: _____

NOTE: Gross revenues are the total of all receipts, invoices and/or billing without any deductions of any kind.

D. WELL AND PIPELINE SCHEDULE

1. During the past policy period have there been any changes to the well or pipeline schedule? ☐ Yes ☒ No

If yes, please indicate the number of wells as follows:

- | | |
|--|-------|
| a. Operated oil/gas wells: | _____ |
| b. Operated saltwater disposal wells: | _____ |
| c. Operated wells to be drilled: | _____ |
| d. Non-operated oil/gas wells with less than 25% interest: | _____ |
| e. Non-operated saltwater disposal wells with less than 25% interest: | _____ |
| f. Non-operated oil/gas wells with 25-50% interest: | _____ |
| g. Non-operated saltwater disposal wells with 25-50% interest: | _____ |
| h. Non-operated oil/gas wells with greater than 50% interest: | _____ |
| i. Non-operated saltwater disposal wells with greater than 50% interest: | _____ |
| j. Non-Operated Wells to be drilled with less than 25% interest: | _____ |
| k. Non-Operated Wells to be drilled with 25-50% interest: | _____ |
| l. Non-Operated Wells to be drilled with greater than 50% interest: | _____ |
| m. Miles of pipeline: | _____ |

2. Are any saltwater disposal wells located in Oklahoma?

☐ Yes ☒ No

If yes, how many are:

- a. Operated? _____
b. Non-operated with less than 25% interest? _____
c. Non-operated with 25-50% interest? _____
d. Non-operated with greater than 50% interest? _____

3. Total number of wells:

- a. Located within oceans, gulfs, or bays: _____
b. Located within inland waterways, lakes, or marsh areas: _____
c. Located in or near railroad right of ways: _____
d. Located within city limits: _____
e. Hydrogen Sulfide Gas (H₂S): _____

E. CLAIMS INFORMATION

1. Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member, or has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☒ No

If yes, please provide full details of each incident:

2. Please provide any other information which the applicant feels might be pertinent to our underwriting review and/or renewal of this policy.

Fraud Warnings

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: 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.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

Matthew Lloyd
Name of Applicant

President
Title

Matthew Lloyd
Signature of Applicant

6/7/22
Date