



**GLOBAL SPECIAL RISKS
UPSTREAM SOLUTIONS
ENERGY APPLICATION FORM**

GENERAL INFORMATION

1. Applicant Name:

2. Is Applicant: Individual Corporation Partnership Joint Venture Other
(If other, please describe)

3. Other Applicants (If any, please explain relationship):

4. Mailing Address:

Website Address:

5. Number of years in business:
(If new venture, please attach principals resumes)

6. Has the applicant ever been engaged in this or similar enterprises under a different name?
Yes No
If yes, please explain:

7. Proposed policy period: _____ to _____

Please check the coverage options requested and complete those sections of this application.

- Control of Well
- Oil and Gas Lease Property
- General Liability (Operator/Non-Operator)
- Umbrella Supplement
- Hired and Non-Owned Auto Supplement
- Employee Benefit Plans Administration Liability

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THE POLICY IS ISSUED AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE: _____

DATE: _____

CONTROL OF WELL

All of the following information must be provided to allow underwriters to offer a quotation. Underwriters reserve the right to ask for further information and/or clarification of issues raised herein, if required.

1. Applicant is (check all that apply):

- An investor owning a non-operating working interest in oil and/or gas wells.
- An operator of record managing lease operations for working interest owners.
- An operator of record that utilizes a contract lease operator.
- A lease operator by contract who does not have a working interest in the wells.
- A lease operator by contract with a working interest in the wells.
- A drilling contractor

2. Five Year Control of Well Account History (required):

POLICY PERIOD	CARRIER	LIMITS	ESTIMATED ANNUAL PREMIUM

3. Loss Record (last five years, insured and uninsured):

Please attach descriptions of all losses

4. Has insurance been canceled or non-renewed in the past five years? Yes No
If yes, please explain:

5. With regard to your control of well/liability operations, are you involved in or the subject of any past or present litigation? Yes No
If yes, please explain:

6. Control of Well Limit(s) Requested (100%):

7. Care, Custody & Control Limit(s) Requested (100%):

8. Control of Well Retention(s) Requested (100%):

9. Care, Custody & Control Retention(s) Requested (100%):

If Care, Custody & Control Limit required is more than \$1MM, please advise the following:

- a) Maximum value of equipment in Assured's Care, Custody and Control at the wellsite:
- b) Breakdown of values at the wellsite:
- c) Estimated number of days this equipment is at the wellsite:
- d) What fracking contractors are used?

10. Coverage Requested ("√" all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Unlimited Redrilling Expenses | <input type="checkbox"/> Making Wells Safe |
| <input type="checkbox"/> Care, Custody and Control | <input type="checkbox"/> Deliberate Well Firing |
| <input type="checkbox"/> Priority of Payments | <input type="checkbox"/> Evacuation Expenses |
| <input type="checkbox"/> Underground Blowout | <input type="checkbox"/> Farmout |
| <input type="checkbox"/> Contingent Joint Venture Liability | <input type="checkbox"/> Turnkey Endorsement |
| <input type="checkbox"/> Seepage and Pollution | |

11. For all drilling and workover wells, please attach well schedules in excel format providing the following information for each well:

- Well name
- Location (County/Parish/State; Province, if located in Canada)
- On land, inland waters or offshore
- Operated or Non-Operated (if non-operated, included name of operator)
- Drilling/Workover/Recompletion/Re-entry
- Total vertical depth
- Total measured depth
- Percentage interest to be insured
- Anticipated spud date or workover date
- Name of drilling or workover contractor
- If well is developmental or exploratory
- Completed well cost AFE
- Maximum anticipated mud weight
- Type of drilling contract (Daywork/Footage/Turnkey)
- Identify any underbalanced or producing while drilling wells
- If workover wells, please provide the age of wells
- Identify any H2S/sour gas wells

12. For all other wells, please attach well schedules in excel format providing the following information for each well:

- Well name
- Location (County/Parish/State; Province, if located in Canada)
- On land, inland waters or offshore
- Operated or Non-Operated (if non-operated, include name of operator)
- Type of well (Producing, Shut-In, Salt Water Disposal, Temporarily Abandoned, Plugged and Abandoned)
- Total vertical depth
- Total measured depth

- Percentage interest to be insured
- Identify any H2S/sour gas wells

13. Please confirm the use of any new technology used in your drilling practices:

14. Are any secondary or tertiary recovery methods used on any of your wells? Yes No

If yes:

- What type of methods are used?
- What is the maximum age of the wells/field?
- If CO₂ Flooding operations are performed, please complete supplemental application form.

15. Do you operate any gas storage wells/facilities? Yes No

If yes:

- Where are the wells located?
- What is the maximum age of the wells/facilities?
- Please complete supplemental application form.

16. Please provide details of any underbalanced wells or producing while drilling wells:

17. Do you anticipate the use of mud weight in excess of 12.5 pounds per gallon drilling fluid for any well?
Yes No

18. Number of plugged or abandoned wells being opened/to be opened?

19. What formations do you operate in?

20. What shale plays do you operate in?

21. Do you utilize in-house engineering or use outside engineers? If outside, who do you use?

In-house Outside:

22. Do you utilize in-house rig supervisors or outside consultants? If outside, who do you use?

In-house Outside:

23. Does the Assured intend to cover all of their drilling wells?

Yes No

24. Does the Assured intend to cover all of their workover wells?

Yes No

25. Does the Assured intend to cover all of their producing/shut-in/salt water disposal wells?

Yes No

26. Does the Assured intend to cover all of their temporarily abandoned/plugged and abandoned wells?

Yes No

If yes, are you able to identify the location of all temporarily abandoned/plugged and abandoned wells?

Yes No

GENERAL LIABILITY – OPERATOR / NON-OPERATOR

1. Applicant is (check all that apply):

- An investor owning a non-operating working interest in oil and/or gas wells.
- An operator of record managing lease operations for working interest owners.
- An operator of record that utilizes a contract lease operator.
- A lease operator by contract who does not have a working interest in the wells.
- A lease operator by contract with a working interest in the wells.
- An operator or non-operator of gas plant(s) or co-generation plant(s).
- An operator or non-operator of pipeline(s) other than gathering lines.
- A drilling contractor

2. Number of employees:

3. Gross Payroll:

4. Estimated Annual Gross Revenue:

5. Five Year General Liability Account History:

POLICY PERIOD	CARRIER	ANNUAL PREMIUM

6. Loss Record (last five years, insured and uninsured):
Please provide description of all losses including number of losses and incurred amount (including defense or loss adjustment expenses)

7. Has any carrier cancelled or non-renewed the applicant's liability insurance?

- Yes No
If yes, please explain:

8. Has the applicant ever been sued or has any claim been made against it other than those described above?

- Yes No
If yes, please explain:

9. Is the applicant aware of any incidents or circumstances involving or rising out of the applicant's products or operations which are likely to result in a claim against the applicant?

- Yes No
If yes, please explain:

10. Safety Information:

- a. Applicant has regularly scheduled safety meetings: Yes No
- b. Drug testing program is in place: Yes No
- c. Regular equipment maintenance program is in place: Yes No
- d. Motor Vehicle Reports (MVR) are obtained: Yes No

Name and title of person to contact for safety inspections:

Telephone number:

11. Is applicant involved with lease operations? Yes No

If yes:

- a. Please attach a schedule of wells.
- b. How many wells are located in water (ocean, gulf, marsh, bay)?
Please provide details:
- c. How many wells are located in towns or cities? Please provide details of specific location and distance to the nearest occupied area:
- d. How are drilling operations contracted?
 - Turnkey
 - Daywork
 - Footage
 - IADC
 - API
 - Other
- e. How many wells has applicant had drilled by sub-contractors within the past twelve months?

12. Does the applicant(s) have any operations that are not oil/gas related? Yes No
If yes, please explain:

13. What deductible or self-insured retention does the applicant request?

14. If the expiring CGL contained a retroactive date, what is the date and coverage?

15. What Control of Well limits does the applicant carry? _____

- a. Does the applicant's Control of Well policy include pollution coverage? Yes No
- b. Does it cover all drilling wells? Yes No
- c. Does it cover all other wells in which the applicant has an interest? Yes No

3. Does the applicant require Stop Gap Coverage? Yes No
If yes, list states and payroll amount for each:

4. What limits are required of drilling and workover contractors?

CGL/Excess Liability (including contractual) \$ _____ Control of Well \$ _____

5. Does the applicant maintain an approved contractor list? Yes No

6. How are servicing operations contracted by the applicant?

- a. Master Service Agreements are used Usually Seldom Never
- b. Well Service Contracts are used Usually Seldom Never
- c. Job Order/Purchase Orders are used Usually Seldom Never

7. Does the applicant's servicing contract contain the following?

- a. Contractors are required to carry CGL, including Contractual Liability, with limits of at least \$1,000,000. Yes No
- b. Mutual Indemnity (hold harmless) agreements. Yes No
- c. Contractors are required to include the applicant as an Additional Insured. Yes No
- d. Contractors are required to provide Waivers of Subrogation. Yes No

8. Does the applicant keep a copy of the contractors Certificates of Insurance on file? Yes No

9. Does the applicant own any geophysical exploration or well-servicing mobile equipment that is not covered under their automobile liability policy? Yes No

10. Summary of estimated number of Operated wells to be drilled during the policy period:

NUMBER OF WELLS			
	Land	Wet	Offshore
0 - 5,000 ²			
5,001 - 10,000 ²			
10,001 - 15,000 ²			
15,001 - Deeper			

11. Summary of all other Operated wells except wells that have been permanently plugged & abandoned:

NUMBER OF WELLS			
	Land	Wet	Offshore
0 - 5,000 ²			
5,001 - 10,000 ²			
10,001 - 15,000 ²			
15,001 - Deeper			

12. Number of existing wells with new producing zones opened/to be opened:

13. Number of plugged or abandoned wells being opened/to be opened:

14. Does the applicant supply house gas or gas for other buildings (taps)? Yes No

15. Hydrogen Sulphide (H₂S) – *if applicable*

- a. Number of producing wells or wells to be drilled that have, or are planned to have, H₂S levels of 10 parts per million or more:
- b. How close to the nearest residence or building?
- c. Are there Gas Detection Systems on wells inside city limits?

16. Are any secondary or tertiary recovery methods used on any of your wells? Yes No

If yes:

- a. What type of methods are used?
- b. What is the maximum age of the wells/field?

17. Do you operate any gas storage wells/facilities? Yes No

If yes:

- a. Where are the wells located?
- b. What is the maximum age of the wells/facilities?

18. Other wells:

- a. Are wells adequately fenced? Yes No
- b. Are tank batteries diked? Yes No
- c. Are any tanks made of non-conductive materials (e.g. plastic, fiberglass)? Yes No
- d. Do all tanks have lightening protection meeting API/NFPA standards? Yes No

Non-operator (complete this section only if it pertains to your operations):

- 1. Does the operator's CGL include applicant as an Additional Insured? Yes No
- 2. Are Certificates of Insurance obtained from the operator? Yes No
- 3. Any Salt Water Disposal/Injection wells located in Oklahoma? Yes No
If yes, please complete the SWD/Inject wells supplemental application.

4. Summary of Non-Operated wells:

Working Interest	Estimated wells to be drilled			All other wells (except those that are permanently P&A)		
	Land	Wet	Offshore	Land	Wet	Offshore
0 – 10%						
11 – 25%						
26 – 50%						
51% - plus						

UMBRELLA SUPPLEMENT:

1. Limit of liability required: _____ / Alternate limit: _____
2. Expiring Carrier: _____
3. Expiring Premium: _____
4. Does the applicant have any owned watercraft? Yes No
If yes, attach a schedule including type of watercraft and length.
5. Does the applicant have any owned aircraft? Yes No
If yes, attach a schedule including type of aircraft and number of seats.
6. If the expiring policy contains a retroactive date, what is the date and coverage?
7. Loss Record (last five years, insured and uninsured):
Please attach descriptions of all losses
8. Anticipated underlying information:

COVERAGE	CARRIER	POLICY PERIOD	LIMITS	ANNUAL PREMIUM

9. Has the applicant had any losses in excess of \$10,000 for any of the underlying to be scheduled?
 Yes No
If yes, please attach description of all losses in excess of \$10,000.

10. If the applicant has Maritime Employers Liability scheduled above, what is the estimated overwater payroll?

11. Vehicles:

Type	Owned/Leased	Hired/Non-owned	Radius		
			0 - 50 miles	50 - 200 miles	over 200 miles
Private Passenger					
Light Truck					
Medium Truck					
Heavy Truck					
Ex. Heavy Truck					
Semi-Truck					
Trailers					

12. Please attach your audited financial statement.

HIRED AND NON-OWNED AUTO SUPPLEMENT

1. Does the applicant own or lease any commercial autos for use in the specific business covered by this policy? Yes No

2. Does the applicant have any commercial auto coverage elsewhere? Yes No
If yes, what limit of liability is carried?

3. Are there any company vehicles not insured under your Auto policy? Yes No

4. Do any employees use their personal vehicles for business purposes? Yes No

5. How many employees are there:

6. Does the applicant require any employee who drives his/her own car on company business to provide evidence of personal auto insurance coverage? Yes No
If yes, what limit of liability is required?

7. Does the applicant maintain a Certificate of Insurance file on each employee? Yes No

8. Does the applicant use non-owned autos other than those owned by your employees? Yes No
If yes, please describe exposure:

9. Does the applicant provide valet parking of any kind? Yes No

10. Does the applicant regularly hire, rent or borrow, or are you expecting to hire, rent or borrow in the next 12 months, vehicles for use in the business? Yes No
If yes, please explain:

EMPLOYEE BENEFIT PLANS ADMINISTRATION LIABILITY

1. Total number of employees, including any part-time or seasonal employees, that receive or are eligible to receive, any one of the covered employee benefit plans administered by you:

2. List any employee benefit plans you administer and wish us to consider:

3. Are any of your employee benefit plans shared or pooled with other employers' benefit plans?
Yes No
4. Do you administer employee benefits provided by or for a union or similar employee organization?
Yes No
5. Do you maintain a unit that is responsible for the administration of all employee benefit plans?
Yes No
6. For elective or optional employee benefit plans that employees can enroll in, waive, or select options for, do you utilize the following?
 - a. Written verification or confirmation forms that summarize the employee's latest elections and current elective benefits status?
Yes No
 - b. Written election forms requiring the employee's signature and date?
Yes No

If neither are utilized, please describe how employee elections are recorded, confirmed, and verified:

7. Do you ask your employees to review and verify their elections at least annually?
Yes No
8. Do you permanently retain copies of all plan documents and your employee's benefit plan records?
Yes No
9. Has any claim ever been made against you alleging any negligent act, error or omission resulting from the administration of your employee benefit plans?
Yes No

If yes, please provide complete details for each such negligent act, error, or omission on a separate sheet.

10. Do you have any knowledge of any negligent act, error, or omission resulting from the administration of your employee benefit plans which might lead to a later claim?
Yes No

If yes, please provide complete details for each such negligent act, error, or omission on a separate sheet.

GAS PLANT / CO-GENERATION
(Complete a separate form for each plant)

1. Plant information:

- a. Name and location of plant:
- b. What type of process is performed at this plant?
- c. What is the 100% value of the plant?
- d. What is the plant's maximum output per day?
- e. Please detail surrounding third party exposure:

2. Operator *(complete this section only if the applicant is the operator of the plant)*

a. How are servicing operations contracted by the applicant?

- i. Master Service Agreements are used. Usually Seldom Never
- ii. Well Service Contracts are used. Usually Seldom Never
- iii. Job Order / Purchase Orders are used. Usually Seldom Never

b. Does the applicant's servicing contract contain the following?

- i. Contractors are required to carry CGL, including Contractual Liability, with limits of at least \$1,000,000. Yes No
- ii. Mutual Indemnity (hold harmless) agreements. Yes No
- iii. Contractors are required to include the applicant as an Additional Insured. Yes No
- iv. Contractors are required to provide Waivers of Subrogation. Yes No

3. Non-Operator *(complete this section only if the applicant has a non-operating working interest in the plant)*

- a. What is the applicant's percentage working interest in the plant?
- b. Does the operator's CGL include applicant as an Additional Insured? Yes No
- c. Are Certificates of Insurance obtained from the operator? Yes No

PIPELINES

(Complete a separate form for each pipeline)

1. Pipeline information

- a. Name of pipeline system:
- b. Location of pipeline:
- c. Length of pipeline:
- d. Diameter of pipe:
- e. Age of pipe:
- f. Percentage of pipeline: above ground: below ground:
- g. Maximum operating pressure of pipeline:
- h. What is transported in the pipeline? Gas Oil
- i. Does the pipeline transport only your product? Yes No
- j. Does the pipeline service any other user? Yes No
If yes, please list end user:
- k. Does the pipeline cross any:
 - i. roads? Yes No
 - ii. waterways? Yes No
- l. Does the pipeline run through any populated areas? Yes No
- m. How often is the pipeline inspected?

2. Operator *(complete this section only if the applicant operates the pipeline)*

- a. How are servicing operations contracted by the applicant?
 - i. Master Service Agreements are used: Usually Seldom Never
 - ii. Well Service Contracts are used: Usually Seldom Never
 - iii. Job Order / Purchase Orders are used: Usually Seldom Never
- b. Does the applicant's servicing contract contain the following?
 - i. Contractors are required to carry CGL, including Contractual Liability, with limits of at least \$1,000,000: Yes No
 - ii. Mutual Indemnity (hold harmless) agreements: Yes No
 - iii. Contractors are required to include the applicant as an Additional Insured: Yes No
 - iv. Contractors are required to provide Waivers of Subrogation: Yes No

3. Non-Operator *(complete this section only if the applicant has a non-operating interest in the pipeline)*

a. What is the applicant's percentage working interest in the pipeline?

b. Does the operator's CGL include applicant as an Additional Insured?

Yes No

c. Are Certificates of Insurance obtained from the operator?

Yes No