



# CONTRACTOR SUPPLEMENTAL

NAMED INSURED: \_\_\_\_\_

STATES OF OPERATIONS: \_\_\_\_\_ # OF YRS IN BUSINESS : \_\_\_\_\_

COMPLETE DESCRIPTION OF OPERATIONS/COMMENTS:

**5 YRS OF GROSS RECEIPTS / PAYROLL HISTORY:** # of EMPLOYEES

CURRENT YR:	GR:	_____	PYRL:	_____
1 <sup>ST</sup> PRIOR YR:	GR:	_____	PYRL:	_____
2 <sup>ND</sup> PRIOR YR:	GR:	_____	PYRL:	_____
3 <sup>RD</sup> PRIOR YR:	GR:	_____	PYRL:	_____
4 <sup>TH</sup> PRIOR YR:	GR:	_____	PYRL:	_____

**MOBILE EQUIPMENT – DRILLING RIGS/SERVICING RIGS LICENSED FOR ROAD USE**

MAKE/ MODEL	GVW	LOCATION OF OPS	MAX DEPTHS	# OF WELLS

Is all equipment licensed for road use scheduled on the auto policy? \_\_\_\_\_

Does all equipment valued over \$50,000 have hidden ID markings? \_\_\_\_\_

Are all equipment storage areas fenced and protected by alarm systems? \_\_\_\_\_

Types of contracts used: IDAC Daywork  IADC Footage  Turnkey  API Daywork  API Footage

**DRILLERS – have you been or do you plan on being involved in:**

High Pressure Areas or Sour Gas Areas	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Horizontal or Slant drilling	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
“Unbalanced” Drilling Methods	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Drilling Overwater	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Drilling within city limits or RROW	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Installation or removal of Casing	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Erection or Dismantling of Derricks other than your own?	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Are BOP’s used on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SERVICING/WORKOVER CONTRACTORS – have you been or do you plan to be involved in:**

Cleaning/Swabbing	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Acidizing/Fracturing	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Hot oil/Vacuum work	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Wireline/Logging	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Fishing Operations	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Installation or removal of casing	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Setting Packers	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Squeeze Jobs	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Shooting	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Cementing	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Perforating	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Refinery or Petrochemical Work	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Welding or Cutting	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No

**\*\*HYDRAULIC FRACTURING \*\* IF YES -REQUIRES SEPARATE SUPPLEMENTAL**

If yes – any work in PA, WV or NY? _____	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Are you working in any shale play areas?	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No

**OTHER**

General Lease Work – lease beautification  Yes % \_\_\_\_\_  No

Other: \_\_\_\_\_  Yes % \_\_\_\_\_  No

Any Painting, Sandblasting or tank cleaning?  Yes % \_\_\_\_\_  No

Electrical Work?  Yes % \_\_\_\_\_  No

Pole Line Construction \_\_\_\_\_% High Voltage \_\_\_\_\_%

Pipeline Construction  Yes % \_\_\_\_\_  No

Oil  Gas  New  Repair Type:  Gathering Lines  Transmission  Pipelines

\_\_\_\_\_Max Size \_\_\_\_\_Average size

Any trenching deeper than 4'  Yes % \_\_\_\_\_  No

If yes – are written emergency procedures in place?  Yes  No

Is insured responsible for locating existing pipelines prior to digging?  Yes  No

If yes – is a one-call service used?  Yes  No

Are written records kept?  Yes  No

Any tunneling or boring under roads?  Yes  No

Do Safety meetings and training address use of large equipment at wellsites?  Yes  No

Are Accident procedures in place?  Yes  No

Any work outside the oilfield?  Yes % \_\_\_\_\_  No

Describe: \_\_\_\_\_

What controls are in place to help limit Pollution and downhole incidents:

**GENERAL /SAFETY / TRAINING INFORMATION** YES NO

Do any operations include blasting, storing or transporting explosive material? If yes, give details.		
Do any operations include excavation, tunneling, underground work or earth movement?		
Any work above 2 stories?		
Any use of cranes? If yes, explain		
Any Work SUBBED: If yes, describe : Cost: _____		
Do you require a MASTER SERVICE AGREEMENT to be completed and on file prior to work starting?		
Do subs provide certificates of ins with equal or greater limits?		
Is the insured named as Additional Insured?		
Is insured held harmless?		
Is all equipment maintained in good condition?		
Is there any work from boats, docks, barges or rigs?		
Any equipment loaned, rented or leased to others?		
Any exposure to high voltage or major electrical panels?		
Is there a FORMAL WRITTEN SAFETY & TRAINING PROGRAM in place?		
Is there a Formal Safety Director? If not – who administers:		
Are regular safety meetings held? How often? _____		
Do Safety Meetings address use of equipment at wellsites?		
Do all employees receive training regarding duties in the event of a pollution incident?		
Do you perform Pre-employment drug testing?		
Do you perform Random and post accident drug testing?		
Are physical exams done pre-hire?		
Are criminal background checks done pre-hire?		
Does the insured follow OSHA standards for promoting a safe workplace?		
Is there an orientation program to address safety and equipment use at wellsites?		
Total # of employees: _____ % of Turnover last 12 months: _____		
Does the insured purchase WC coverage?		
Does Insured lease any employees?		

**EMPLOYEE BENEFITS****YES NO**

Does the insured require a signed acceptance or rejection from each employee on programs permitting employees an option to enroll or not to enroll?		
Is a written explanation of all benefits provided to each employee?		
Is the administration of Insured's Employee Benefits Program assigned to a specific person or unit and centralized in one location?		
Does the insured have knowledge of a past or current occurrence which might result in a claim		
Has any Error or Omission loss or claim ever been sustained or is there any pending claim against the insured?		

**AUTO INFORMATION****YES NO**

Are MVR's obtained? If yes – how often?		
CDL required?		
Do you have formal hiring practices?		
Do you have formal written driver and fleet safety programs?		
Do you have formal driver training and orientation programs?		
Do you perform accident reviews? Who performs the review?		
Do you have loading and unloading guidelines?		
Does the company allow personal use of company vehicles?		
Is there a written policy regarding personal use?		
If the policy is in writing, is it signed by each driver?		
Is personal use limited to an assigned driver?		
Are employee's family members allowed to use company vehicles?		
Is there a scheduled vehicle maintenance program?		
If yes, are records maintained for each unit?		
Are regularly scheduled safety inspections performed?		
Are results of inspections recorded and maintained?		
Are pre-trip safety inspections performed?		
Do you have a cell phone use policy? <input type="checkbox"/> Hands free <input type="checkbox"/> No use while driving <input type="checkbox"/> Pull over to talk		
Indicate the % of operations within the majority of the time: 1-50 miles _____ 50-100 miles _____ 100-200 miles _____ 200+ _____		
Do you haul any Red label or EPA poisonous substances (Hazard III or IV)		
Do you require MCS90 filing		
Do you transport property of others?		
Do you haul for hire?		
Do you have any Hot Shot delivery?		

**HYDRAULIC FRACTURING - SUPPLEMENTAL**

**If insured is performing or subcontracting multi-stage hydraulic fracturing (fracing) operations, completion of the following series of questions is required:**

1. Which shale play or formation are wells or operations: \_\_\_\_\_

2. How much experience do you have with this area: \_\_\_\_\_

3. Who is performing the fracing operation and what is the contractual agreement with the Operator?  
\_\_\_\_\_

Describe the contract(s) in place for the fracing:  IADC Footage  IADC Daywork  MSA  
Other: \_\_\_\_\_

Please provide a copy of any turnkey or non-standard contract being used.

4. Have you reported the composition of fracing fluids to Fracfocus.org? \_\_\_ Yes \_\_\_ No

If not, to whom? \_\_\_\_\_

If not reported – please provide a composition of fluids used.

Any use of :  Benzene  Toluene  Kerosene  Diesel

5. Are micro seismic or any other recording / monitoring performed during fracing?

\_\_\_ Yes \_\_\_ No

If yes, who is responsible for monitoring / record keeping? \_\_\_\_\_

6. How far from the nearest water source (above ground) is each of the wells being fraced?  
\_\_\_\_\_

7. Are local surface water and water wells tested before and after the fracing process?

\_\_\_ Yes \_\_\_ No If so, by whom? \_\_\_\_\_

8. How far below the deepest underground source of drinking water is your production zone?  
\_\_\_\_\_

9. Casing :

a. Does surface casing extend below the lowest ground water table?  Yes  No

b. Does steel pipe meet API standards and cemented according to API #5CT?  Yes  No

c. When circulation is complete –is cement visible in annulus of well bore?  Yes  No

d. Is the process documented or observed?  Yes  No

e. Is there any open hole production?  Yes  No

10. How are you disposing of recovered frac fluids: Recycle, disposal well or other?  
\_\_\_\_\_

11. Do you use a “closed loop” fracing process? \_\_\_ Yes \_\_\_ No

If so, please describe: \_\_\_\_\_

12. Do you use modeling programs or simulators to plan or design your fracing projects?

\_\_\_ Yes \_\_\_ No

13. What is the maximum treating pressure as a percentage of the burst specifications of the casing?  
\_\_\_\_\_ %

14. Is consideration given in your casing design to cycling due to multi-stage fracturing?  
\_\_\_ Yes \_\_\_ No

If Yes, please describe: \_\_\_\_\_

15. Drill/Mud Pits:

- a. Advise distance from any surface water: \_\_\_\_\_
- b. Does it intersect with any water table:  Yes  No
- c. Is it properly lined by State or EPA regulations:  Yes  No
- d. Is pit deep enough to hold projected fluid usage and normal 2 wk rainfall?:  Yes  No

16. Does the operator/insured purchase OEE coverage?

If so, what limits? \_\_\_\_\_

**Declaration and Signature:**

**I have read the above application. I declare that to the best of my knowledge and belief the statements and information in this application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.**

\_\_\_\_\_  
**Signature of 1<sup>st</sup> Named Insured**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**