



EQUIPMENT RENTAL – RENTED TO OTHERS:

Named Insured: _____

Website address: _____ Yr Business started: _____

1. Description/list of all equipment rented/ distributed/sold:

2. _____% rented with Operator Any Equipment sold? Yes No
_____% rented without Operator New ___% Used ___%
Is all new equipment US mfgd? Yes No

3. Do you have a formal rental agreement? Yes No : Please provide a copy.
Does it contain a hold harmless in the insured's favor during the term of the lease:
 Yes No

4. Who is responsible for :
a. Equipment Maintenance: Insured Third Party
b. Repairs before and after rental Insured Third Party
c. Are any repairs done in the field by insured: Yes No

5. Total Gross Receipts:
- Without Operator: _____
- With Operator: _____
- Sales of Equipment: _____

6. Provide Total Gross receipts history for the last 5 yrs starting with the current year:

7. Advise if the insured delivers equipment Yes No
8. Does insured set up or install any equipment? Yes No
9. Does the insured supervise the use of equipment? Yes No
10. Does the insured fabricate any parts or equipment? Yes No
11. Does the insured alter equipment in any way? Yes No
12. Does insured refurbish equipment for sale? Yes No

Any work in PA, WV or NY? Yes % _____ No
Are you working in any shale play areas? Yes % _____ 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 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 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 have formal hiring practices?		
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?		
Does the insured purchase WC coverage?		
Total # of employees: _____ % of Turnover last 12 months: _____		
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 written driver and fleet safety programs?		
Do you perform accident reviews? Who performs the review?		
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?		

Please include current MVRs on all drivers

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 st Named Insured	_____ Title	_____ Date
_____ Producers Signature		_____ Date