

OIL/GAS LEASE OPERATOR AND NON-OPERATOR SUPPLEMENTAL



NAMED INSURED: _____

OPERATOR – LAND WELLS

TYPE DEPTHS	TO BE DRILLED	PROD/SWD/ INJ	SHUTIN / P&A	WORKOVER OR REOPEN SI/P&A	NUMBER W/IN CITY LIMITS OR RROW	LOCATION States; County.
0 – 5,000'						
5,001-7,500'						
7,501 – 12,500'						
12,501- 15,000						
15,001 +						

OPERATOR – WET WELLS

TYPE DEPTHS	TO BE DRILLED	PROD/SWD/ INJ	SHUTIN / P&A	NUMBER WITHIN CITY LIMITS OR RROW	LOCATION States, Marshes, Bays, Ocean, Gulf, Lake, etc
0 – 5,000'					
5,001-7,500'					
7,501 – 12,500'					
12,501- 15,000					
15,001 +					

Does the insured operate any Gathering systems over 6"? Yes No

Does the insured assume any liability of contractors performing seismic operations on their behalf? Yes No

Does the insured use IADC Contract: Yes No

Other types of drilling contracts: Turnkey Footage Daywork

Name of drilling contractor: _____ Limits required: _____

Does the insured maintain an approved Contractors List? Yes No

Does the insured have a MSA with all their Contractors? Yes No

Minimum limits required of subs: GL: _____ CA: _____ UMB: _____

Do ALL subs provide certificates of ins with equal or greater limits? Yes No

Is the insured named as Additional Insured / provided WOS? Yes No

Is insured held harmless? Yes No

Is there a monitoring system for Certs & MSAs? Yes No

Any H2S / SWD wells? If yes, complete addendum supplemental * Yes No

Does the insured supply house gas or gas for buildings, irrigation, etc.? Yes No

If yes, complete addendum supplemental

Will any wells Drilled have HYDRAULIC FRACTURING? ** Yes No

If yes – any work in PA, WV or NY? _____ Are you working in any shale play areas? _____

How many wells will involve fracing? _____ *** Complete addendum supplemental

Does the insured carry Control of Well for Wells being drilled or Producing wells Workover ?

Yes No

If yes, what limit is carried? _____ Carrier: _____

Are all wells ICL/RROW – fenced and dyked? Yes No

Does the insured have a formal spill prevention program? Yes No

Does the insured have an emergency response plan? Yes No

Is there an approved containment system? Yes No

Are BOPs required for : All wells Wells being drilled

Are any wells located near bayou, river or lakes? Yes No

Are there any structures within 1000' of wells? Yes No

How often are wells checked: Daily Weekly Monthly

Method: _____

Does the applicant check all storage tanks, flowlines and equipment on a regular basis? Yes No

Is there a well maintenance program in effect? Yes No

Are all tanks equipped with lightning protection equipment? Yes No

Any wet or offshore operations? Yes No

Any explosives, chemicals or hazardous materials kept at wellsites: Yes No

Was an environmental impact study done on any newly acquired wells Yes No

of Years in Business: _____ # of Years Experience: _____

of Employees: _____ Office/Clerical Payroll: _____

SUB COST: _____ Field payroll: _____

Do employees do any pumping, gauging or lease site work? Yes No

Does the Insured purchase WC coverage? Yes No

NON-OPERATOR

TYPE OF WELLS	NUMBER OF WELLS	0-25% NOWI	25-50% NOWI	OVER 50% NOWI	LOCATION States, Marshes, Bays, Ocean, Gulf, Lake, etc.
LAND					
Prod / SWD/ Inj / Shut In- P&A					
Wells to be Drilled					
WET					
Prod / SWD/ Inj / Shut In- P&A					
Wells to be Drilled					

Does the Operators CGL cover all wells at 100% interest? Yes No

Does the Operator provide certificates of insurance Yes No

Is the insured named as Additional Insured ? Yes No

Is insured held harmless? Yes No

Does the operator carry COW? Yes No

of Employees: _____

Office/Clerical Payroll: _____

Number of wells listed above that are in the following depth bands:

	TBD	Producing	SWD	Shut-In/P&A	Inside City Limits (ICL) or RROW
12,501 - 15,000'					
15,001-17,500'					
17,501-20,000'					

Please attach a complete list of Operated and Non-Operated wells

DOES THE INSURED OWN OR OPERATE ANY EQUIPMENT FOR SERVICING OF WELLS:

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

Do your employees do any of the following work:

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

- Cleaning/Swabbing Yes % _____ No
- Acidizing/Fracturing Yes % _____ No
- Hydraulic Fracturing ** Complete Addendum Yes % _____ No
- If yes – any work in PA, WV or NY? _____ Are you working in any shale play areas? _____
- Hot oil/Vacuum work Yes % _____ No
- Wireline/Logging Yes % _____ No
- Fishing Operations Yes % _____ No
- Installation or removal of casing Yes % _____ No
- Setting Packers Yes % _____ No
- Squeeze Jobs Yes % _____ No
- Shooting Yes % _____ No
- Cementing Yes % _____ No
- Perforating Yes % _____ No
- Refinery or Petrochemical Work Yes % _____ No
- Welding or Cutting Yes % _____ No
- General Lease Work – lease beautification Yes % _____ No
- Other: _____ Yes % _____ No
- Any Painting, Sandblasting or tank cleaning? Yes % _____ No

- Pipeline Construction Yes % _____ No

Type: Gathering Lines Transmission Pipelines

Oil Gas New Construction Repair
 Avg Size: _____ Max Size: _____

Is above done ONLY ON OWNED WELLS FOR THIRD PARTY

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: _____		
Is all equipment maintained in good condition?		
Does the insured lease employees from others?		
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 written safety program in place? Who administers?		
Is there a Safety Director?		
Is there an employee training program?		
Are regular safety meetings held? How often? _____		
Does the insured follow OSHA standards for promoting a safe workplace?		
Does the insured purchase WC coverage?		
Does Insured lease any employees?		

EMPLOYEE BENEFITS

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

Do you perform Pre-employment drug testing?		
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 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?		

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 1st Named Insured

Title

Date

Producers Signature

Date

Please complete additional information if applicable:

HYDROGEN SULFIDE WELLS (H2S WELLS), SWD, AND WELLS INSIDE CITY LIMITS

HYDROGEN SULFIDE WELLS (H2S WELLS)

- 1. Are all employees or contractors H2S trained and certified annually?..... Yes No
- 2. Are all H2S well sites marked with proper warning signs? Yes No
- 3. Do any wells have H2S levels of 10 parts per million or more? Yes No
- 4. Are any wells Inside City Limits? Yes How many _____ No
- 5. How close is the nearest house or building?..... _____
- 6. Are Gas detection/warning systems in place? Yes No
- 7. Who is responsible for monitoring equipment: Insured Third party
- 7. Confirm the area is fenced/gated/locked..... Yes No

WELLS WITHIN CITY LIMITS

- How close to the nearest residence? _____
- How close to the nearest public building? _____
- Are all wellsites posted with property warning signs? Yes No
- Are the wells fenced / gated / locked to prevent access? Yes No
- Are all wells property dyked? Yes No
- Are wells, tanks, or flowlines near any ponds, canals, bayous, or lakes? Yes No
- Is there an emergency response plan in place? Yes No
- How often are wells checked: Daily Weekly Monthly

SALTWATER DISPOSAL WELLS (Commercial or Third Party Use)

Facility Name: _____
Address: _____
City, State: _____
Year started: _____

- How many acres are owned by the insured? _____
- Is the property fenced? Yes No
- Is the site strictly for Third Party Disposal? Yes No
- Is there controlled gated access? Yes No
- Is the site lighted and posted? Yes No
- Is there 24hr personnel? Yes No
- Does the insured have a formal spill prevention program? Yes No
- Is there an approved containment system? Yes No
- Is any Hazardous Waste or Materials accepted at your site? Yes No
- Does the insured operate any Gathering systems over 6"?' Yes No
- Is the facility operated and maintained by your employees Yes No
- Does the insured do any hauling of saltwater for disposal? Yes No
- Do you have interest in any other wells as an Operator or Non-Operator Yes No

Describe surrounding exposures

Does the insured carry separate Site Pollution Liability coverage? Yes No
If yes – advise: Limit: _____ Carrier: _____ Occ or CM: _____

SUPPLYING OF GAS

- Does the applicant supply gas to any residential house or farm? If yes, how many:
- Does the applicant supply gas to any commercial building or customer? If yes, how many:
- Is there a pressure regulator for each tap? Yes No
- Is there a written hold harmless agreement in the insured's favor? Yes No
- Who is responsible for odorizing gas? Insured Third party
- Does the insured do any hookups, installation of meters, monitoring? Yes No
- Does the insured do any installation of storage tanks or appliances? Yes No

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? _____

10. 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 fracing? 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? Yes No Limits: _____

Authorized Signature _____ Date _____