

SALTWATER DISPOSAL WELL – LOCATION INFORMATION

Named Insured: _____

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: _____

of Employees: _____

5 YRS OF GROSS RECEIPTS / PAYROLL HISTORY:

CURRENT YR:	GR: _____	PYRL: _____
1 ST PRIOR YR:	GR: _____	PYRL: _____
2 ND PRIOR YR:	GR: _____	PYRL: _____
3 RD PRIOR YR:	GR: _____	PYRL: _____
4 TH PRIOR YR:	GR: _____	PYRL: _____

GENERAL INFORMATION

YES NO

Is all equipment maintained in good condition?		
Is there a formal scheduled maintenance program on all equipment?		
When was the last Mechanical Integrity Test performed? _____		
Has this site ever been used for any other purpose? If yes – please explain:		
Are you aware of any Past or Present Pollution incident which may result in a claim or have any current pollution claims or suits? If yes – please explain:		
Are you aware of any violations, fines penalties, complaints or non-compliance notifications from any local, state or federal agency?		

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? _____		
Does the insured follow OSHA standards for promoting a safe workplace?		
Does the insured purchase WC coverage?		
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?		
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?		

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 transport property of others?		
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?		
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 percentage of operations within the majority of the time: 1-50 miles _____ 50-100 miles _____ 100-200 miles _____ 200+ _____		

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