

**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 RROR	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 RROR	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.
<b>LAND</b>					
Prod / SWD/ Inj / Shut In- P&A					
Wells to be Drilled					
<b>WET</b>					
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+ ____		
<b>Do you haul any Red label or EPA poisonous substances (Hazard III or IV)</b>		
<b>Do you require MCS90 filing</b>		
<b>Do you transport property of others?</b>		
<b>Do you haul for hire?</b>		
<b>Do you have any Hot Shot delivery?</b>		

## 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

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? ..... <input type="checkbox"/> 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 <input type="checkbox"/> 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 SWD well for the insured's use only?                            | Yes | No |
| Is the SWD well considered Commercial or use by Third Parties?         | 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? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a written hold harmless agreement in the insured's favor? .....                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Who is responsible for odorizing gas? Insured <input type="checkbox"/> Third party <input type="checkbox"/> |                              |                             |
| Does the insured do any hookups, installation of meters, monitoring? .....                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the insured do any installation of storage tanks or appliances? .....                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 \_\_\_\_\_