

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

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 www.scottsdaleins.com

OIL AND GAS CONTRACTORS SUPPLEMENT

Applicant's Name: _____
 Physical Address: _____

 Mailing Address: _____

 Website Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

General Information

1. What Coverage Extensions are requested:
 - Blanket Additional Insured Blanket Waiver of Subrogation
 - Underground Resources Underground Equipment
 - Non-Owned Watercraft Limitation Deletion In Rem Pollution
2. Number of Years in Business: _____
 If under five years, how many years of experience do you have in the Oil & Gas Industry? _____
3. Number of Employees: _____
 Are there any leased employees? Yes No
4. The Insured's company is:
 - Individual Partnership Corporation Joint Venture Other: _____
5. Description of operations for each Named Insured: _____

6. Are any operations conducted offshore?..... Yes No
 If yes, what is the percentage of overall operations? _____%
7. Are any operations conducted on inland waterways? Yes No
 If yes, what is the percentage of overall operations? _____%

8. Receipts History—Past five years

Year:					
Receipts:					

9. Payroll History—Past five years

Year:					
Payroll:					

10. Have you ever been cited or convicted for violation of any statute or other such regulation or law regarding pollution or environmental impairment?..... Yes No
 If yes, please describe: _____

11. Have you ever incurred any losses, been notified of intent to sue, paid any damages or been requested to pay damages for incurring or alleged to have incurred pollution or environmental damage?..... Yes No
 If yes, please describe: _____

12. **Service Contracting Operations** (select all that apply):

	Gross Receipts	Gross Payroll
<input type="checkbox"/> Acidizing/Fracturing		
<input type="checkbox"/> Blowout Preventer Service/Installation		
<input type="checkbox"/> Casing installation		
<input type="checkbox"/> Casing Packing		
<input type="checkbox"/> Cementing		
<input type="checkbox"/> Dredging		
<input type="checkbox"/> Fishing		
<input type="checkbox"/> Gas Processing		
<input type="checkbox"/> Gas Squeezing		
<input type="checkbox"/> Gas Sweetening		
<input type="checkbox"/> Gauging		
<input type="checkbox"/> Heat Treating		
<input type="checkbox"/> Hot Oil—Number of Hot Oil Units:		
<input type="checkbox"/> Hydrostatic Testing		
<input type="checkbox"/> Instrument Logging		
<input type="checkbox"/> Nipple Up Plumbing		
<input type="checkbox"/> Nitrogen CO2 Injection		
<input type="checkbox"/> Packer Installation		
<input type="checkbox"/> Painting/Sand Blasting		
<input type="checkbox"/> Paraffin Treatment		
<input type="checkbox"/> Gauging		
<input type="checkbox"/> Perforating		
<input type="checkbox"/> Pipe Fitting		
<input type="checkbox"/> Pipe Straightening		
<input type="checkbox"/> Pipe Threading/Cutting		
<input type="checkbox"/> Pile Drilling		
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Snubbing		
<input type="checkbox"/> Squeeze Cementing		
<input type="checkbox"/> Squib Shot Workovers		
<input type="checkbox"/> Salt Water Disposal		
<input type="checkbox"/> Steam Treating		

	Gross Receipts	Gross Payroll
<input type="checkbox"/> Surveying		
<input type="checkbox"/> Tool Dressing		
<input type="checkbox"/> Tank Cleaning		
<input type="checkbox"/> Vacuum Truck—Number of Vacuum Units:		
<input type="checkbox"/> Welding		
<input type="checkbox"/> Wireline—Number of Wireline Units:		
<input type="checkbox"/> Well Completion		
<input type="checkbox"/> Well Plugging		
<input type="checkbox"/> Workover—Number of Work Over Units:		

13. How are your Servicing Operations contracted?

- a. Master Service Agreements?..... Yes No
If yes, attach copy.
- b. Well Service Contract?..... Yes No
If yes, attach copy.
- c. Individual job order/purchase order? Yes No

Welding Operations

14. Total percentage of overall operations: _____%
 Percentage of in-field operations: _____%
 Percentage of in-shop operations: _____%
 Percentage of operations involving new construction: _____%
 Percentage of operations involving maintenance or repair: _____%

15. What welding industry standards does the insured operate under? _____

16. What do the welding operations involve? _____

17. Is there any welding of pipelines or containers which have previously carried flammable liquids or gases? Yes No

18. Is there any hot tap work? Yes No
If yes, who is responsible for closing valves and bleeding pipelines? _____

19. Is there any welding over the hole?..... Yes No
If yes, what is the percentage of operations: _____%

20. Is there any welding in refineries or petrochemical plants? Yes No

21. **Lease Work Operations** (select all that apply)

	Gross Receipts	Gross Payroll
<input type="checkbox"/> Flow Line/Waterline		
<input type="checkbox"/> Backhoe		
<input type="checkbox"/> Lease Beautification		
<input type="checkbox"/> Slush Pit Construction		
<input type="checkbox"/> Road Building		
<input type="checkbox"/> Land Clearing		
<input type="checkbox"/> Levee Construction		
<input type="checkbox"/> Pump Installation/Service		

Subcontractor Information

- 22. What percentage of work is subcontracted? _____%
- 23. Are Master Service Agreements used?..... Yes No
If yes, what kind? API IADC Other: _____
- 24. Are Certificates of Insurance obtained from all subcontractors? Yes No
- 25. What limits are subcontractors required to carry? _____
- 26. Is the Insured held harmless by subcontractors? Yes No
- 27. Is the Insured named as an Additional Insured on the subcontractor's Primary and Excess policies? Yes No

Loss Prevention

- 28. Is there a formal safety program?..... Yes No
- 29. Is there an employed Safety Director? Yes No
- 30. Is there a formal employee training program?..... Yes No
- 31. Are pre-employment drug screens performed?..... Yes No
- 32. Does the Insured have a Certified Drug-Free workplace? Yes No
- 33. Is the Insured currently involved in any open litigation?..... Yes No
- 34. Is the Insured currently aware of any situation that may result in future litigation?..... Yes No

FRAUD WARNINGS: Refer to the Oil and Gas Application for State Fraud Warnings

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.