



**OIL & GAS CONTRACTORS SUPPLEMENT**  
(MUST BE FULLY COMPLETED AND ATTACHED TO APPLICATION)

NAME OF INSURED: \_\_\_\_\_

CONTRACTORS LICENSE #: \_\_\_\_\_

LIST ALL TYPES OF STATE APPROVED LICENSES HELD BY THIS INSURED: \_\_\_\_\_

WEBSITE ADDRESS (IF ANY): \_\_\_\_\_

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**THE FOLLOWING QUESTIONS APPLY TO DRILLERS/WELL SERVICING CONTRACTORS:**

1. NUMBER OF RIGS OWNED: \_\_\_\_\_
2. NUMBER OF ACTIVE RIGS \_\_\_\_\_
3. NUMBER OF INACTIVE OR STACKED RIGS: \_\_\_\_\_
4. MAXIMUM DEPTH OF DRILLING/SERVICING: \_\_\_\_\_
5. AVERAGE DEPTH OF DRILLING/SERVICING: \_\_\_\_\_
6. MAIN AREAS OF OPERATIONS (STATE/COUNTY): \_\_\_\_\_  
\_\_\_\_\_
7. HOW OFTEN ARE RIGS SERVICED OR MAINTAINED: \_\_\_\_\_
8. ANY OPERATIONS PERFORMED OVER WATER OR MARSHY AREAS: \_\_\_\_\_ IF SO,  
PLEASE ADVISE THE TYPE OF WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_ PROVIDE THE PERCENTAGE OF OVERWATER  
VS. LAND OPERATIONS: \_\_\_\_\_
9. DRILLING/SERVICING PAYROLL: \_\_\_\_\_  
DRILLING/SERVING RECEIPTS: \_\_\_\_\_

**THE FOLLOWING QUESTIONS APPLY TO ALL OIL & GAS CONTRACTORS  
(INCLUDING DRILLERS / WELL SERVICERS)**

1. TOTAL NUMBER OF ACTIVE EMPLOYEES: \_\_\_\_\_
2. TOTAL AMOUNT OF ANNUAL PAYROLL: \_\_\_\_\_
3. TOTAL AMOUNT OF ESTIMATED GROSS RECEIPTS: \_\_\_\_\_
4. INDEPENDENT SUBCONTRACTOR COSTS: \_\_\_\_\_
5. EXPLAIN THE TYPE OF OPERATIONS SUBBED OUT: \_\_\_\_\_
6. DOES THE INSURED OBTAIN & KEEP CERTIFICATES OF INSURANCE ON FILE:  
\_\_\_\_\_
7. DOES THE INSURED HAVE SUBCONTRACTORS NAME THEM AS ADDITIONAL  
INSUREDS UNDER THE SUBCONTRACTORS CGL POLICY AND HOLD THE INSURED  
HARMLESS: \_\_\_\_\_
8. WHAT TYPE OF LIMIT OF LIABILITY DOES THE INSURED REQUIRE THE  
SUBCONTRACTOR TO CARRY: \_\_\_\_\_
9. DOES THE INSURED ENGAGE IN ANY EMPLOYEE LEASING: \_\_\_\_\_. IF YES,  
PLEASE EXPLAIN THE AGREEMENT IN PLACE: \_\_\_\_\_
10. DOES THE INSURED PROVIDE WORKERS' COMPENSATION & EMPLOYERS LIABILITY:  
\_\_\_\_\_. PROVIDE NAME OF CARRIER AND EFFECTIVE DATE:  
\_\_\_\_\_

11. DOES THE INSURED HAVE A SAFETY PROGRAM IN PLACE: \_\_\_\_\_. IS THERE A SPECIFIC SAFETY DIRECTOR EMPLOYED: \_\_\_\_\_. IF SO, PROVIDE NAME & PHONE NUMBER: \_\_\_\_\_.

12. DESCRIBE THE INSURED HIRING PROCEDURES: \_\_\_\_\_  
 \_\_\_\_\_ IS THERE A MINIMUM EXPERIENCE REQUIREMENT FOR EMPLOYMENT: \_\_\_\_\_. WHAT IS THE INSURED TURNOVER RATE: \_\_\_\_\_.

SPECIALTY CONTRACTORS:

PROVIDE PAYROLL & RECEIPTS IF YOU PERFORM ANY OF THE FOLLOWING:

	<u>PAYROLL</u>	<u>RECEIPTS</u>
1. CEMENTING (UNITS _____ )	_____	_____
2. CLEANING/SWABBING (UNITS _____ )	_____	_____
3. ERECTION/DISMANTLING OF DERRICKS? ANY CRANES? _____ NUMBER _____ TYPE _____	_____	_____
4. FRACTURING / ACIDIZING (UNITS _____ )	_____	_____
5. HOT OIL / VACUUM (UNITS _____ )	_____	_____
6. INSTALLATION / REMOVAL OF CASING	_____	_____
7. LEASE WORK DESCRIBE: _____	_____	_____
8. LOGGING (UNITS _____ )	_____	_____
9. OPERATIONS OVER WATER? DESCRIBE: _____	_____	_____
10. PERFORATING (UNITS _____ )	_____	_____
11. REFINERIES AND / OR PETROCHEM WORK DESCRIBE: _____	_____	_____
12. RENTAL EQUIPMENT TYPES OF EQUIPMENT: _____	_____	_____
13. SPECIALTY TOOL OPERATION DESCRIBE: _____	_____	_____
14. TRUCKING	_____	_____
15. WELDING OR CUTTING %SHOP _____ %FIELD _____	_____	_____
16. OTHER OPERATIONS DESCRIBE: _____	_____	_____
17. PREVIOUS YEAR'S PAYROLL: _____ GROSS RECEIPTS: _____		
18. ATTACH SCHEDULE OF MOBILE EQUIPMENT IF COVERAGE IS DESIRED.		