



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): _____

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.		