Oil & Gas Lease Operator & Non-Operator
Supplemental Application

APPLICANT INFORMATION

Named Insured:

Street Address:	City/State:	Zip Code:

Mailing Address (if different from above):

Effective Date:	Expiration Date:
FEIN #:	Years in Business:

Years & type of experience:

EXPIRING INSURANCE INFORMATION

	General Liability	Business Auto	Umbrella
Carrier:			
Limits:			
Premium:			
Effective Dates:			

GENERAL INFORMATION

1. # of Employees: _____

2. Estimated Payroll: _____

3. Estimated Receipts: _____

4. Any work outside of the Oil & Gas Industry: ☐ Yes ☐ No

   If yes, % of work:_____

   Type of work performed:_____

5. Any operations performed over water or marshy areas: ☐ Yes ☐ No

   If yes, % of work:_____

   Type of work performed:_____

6. Refinery or Petrochemical Work: ☐ Yes ☐ No

7. Any exposure or operations outside the U.S.? ☐ Yes ☐ No

8. Do you have Control of Well Coverage in Place? ☐ Yes ☐ No

NON-OPERATING WORKING INTEREST (Please provide a well schedule)

1. Are Certificates of insurance required from the lease operator: ☐ Yes ☐ No

2. Are you named as an Additional Insured on the Lease Operators Policy or does the operator's policy have the "additional Insured-Working Interest" Endorsement: ☐ Yes ☐ No

3. Indicate the Number of Non-Operated Wells & your working Interest:

State	Oil	Gas	Saline	Plugged	WI%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Indicate the Number of Non-Operated Wells To Be Drilling & your working Interest:

State	Oil	Gas	Saline	Depth	WI%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Any Wells within City Limits/Towns? ☐ Yes ☐ No

If yes, please complete the following:

Name	Location	Surrounding Exposure	Fenced/Diked?	
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No

6. Any Wet Wells? ☐ Yes ☐ No

7. Any Hydrogen Sulfide Wells: ☐ Yes ☐ No

8. Any wells in Railroad Right-of-ways? ☐ Yes ☐ No

9. Do you have any working interest in any gas processing, gasoline recovery plants, refineries, or gas sweetening plants: ☐ Yes ☐ No

10. Are tank batteries for SWDs fiberglass or steel? ☐ Fiberglass ☐ Steel

10a. Do all tank batteries have lightning/static protection in place? ☐ Yes ☐ No

10b. What type of lightning/static protection is in place? _____

LEASE OPERATOR (please provide well Schedule)

1. Indicate the Number of Producing Wells:

State	Oil	Gas	Depth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Indicate the Number of Saline Wells:

State	Oil	Gas	Depth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Indicate the Number of Plugged and Abandoned/Shut-in Wells:

State	Oil	Gas	Depth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Indicate the Number of Producing Wells To Be Drilling:

State	Oil	Gas	Saline	Depth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Any Wells within City Limits/Towns?   ☐ Yes   ☐ No

If yes, please complete the following:

Name	Location	Surrounding Exposure	Fenced/Diked?	
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No

6. Any Wet Wells?   ☐ Yes   ☐ No

7. Any Hydrogen Sulfide Wells: ☐ Yes   ☐ No

8. Any wells in Railroad Right-of-ways?   ☐ Yes   ☐ No

9. Do you operate any gas processing, gasoline recovery plants, refineries, or gas sweetening plants: ☐ Yes   ☐ No

10. Are tank batteries for SWDs fiberglass or steel?   ☐ Fiberglass   ☐ Steel

10a. Do all tank batteries have lightning/static protection in place?   ☐ Yes   ☐ No

10b. What type of lightning/static protection is in place? _____

_____

PIPELINE/TRANSMISSION LINE/FLOW LINE INFORMATION

1. Does the pipeline/transmission line/flow line supply any end users: ☐ Yes   ☐ No

If Yes, whom? _____

2. Does the pipeline/transmission line/flow line transport only your products?   ☐ Yes   ☐ No

3. What is the age of the pipeline/transmission line/flow line? _____

4. Number of Miles of pipeline/transmission line/flow line: _____

5. Diameter of Pipeline: _____

6. Maximum Pressure of the pipeline/transmission line/flow line: _____

7. If buried, how deep is the pipeline/transmission line/flow line underground? _____

8. Does the pipeline/transmission line/flow line run through any populated areas?   ☐ Yes   ☐ No

If yes, where?_____

9. Does the pipeline/transmission line/flow line cross any railways, roadways, or bodies of water?   ☐ Yes   ☐ No

If yes, give details as to where & how many miles:_____

10. Who is responsible for the maintenance of the pipeline/transmission line/flow line? _____

11. How often is the pipeline/transmission line/flow line inspected? _____

12. What freeze protection/procedures are in place to prevent/minimize pipe bursts? _____

SAFETY PROGRAM		
1. Full Time Safety Director:	☐ Yes	☐ No
2. Written Safety Program in place:	☐ Yes	☐ No
3. Required Meetings:	☐ Yes	☐ No
4. How Often:		_____
5. Are H2S Monitors Mandatory?	☐ Yes	☐ No
6. Do you have a Fire prevention procedure in place while working in the field?	☐ Yes	☐ No

HIRING PROCEDURES		
1. Drug Screening:	☐ Yes	☐ No
2. How Often:	☐ Random	☐ Annually
3. MVR Check:	☐ Yes	☐ No
4. Prior Experience:	☐ Yes	☐ No
5. How Many Years:		_____

INDEPENDENT SUB-CONTRACTORS (Copy of MSA will be required at binding)

1. Type of Operations Subbed Out:_____

2. Sub Costs:_____

3. % Subbed Out:_____

4. Limits Required for Your Subcontractors:

    General Liability: $ _____

    Business Auto: $_____

    Umbrella: $_____

5. When Hiring Do You:

Obtain Certificates of Insurance:	☐ Yes	☐ No
Require to be Named as Additional Insured:	☐ Yes	☐ No
Obtain Waiver of Subrogation:	☐ Yes	☐ No
Obtain Hold Harmless Agreements:	☐ Yes	☐ No
Verify all hired Subcontractors carry WC:	☐ Yes	☐ No
Require the contractor to sign a MSA?	☐ Yes	☐ No

    _____ IADC   _____ AOSC   _____ API   _____ Other

_____   _____

Signature of Applicant   **Printed Name of Applicant**

Date:_____