



P.O. Box 5441 Richmond, VA 23220  
 Phone: 800-396-6226  
 Fax: 888-359-6994  
 www.commund.com

# Oil & Gas Supplemental Questionnaire

## Section I

### Operational Summary

#### GENERAL INFORMATION AND OPERATIONS

Effective Date: \_\_\_\_\_  
 Broker: \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Please provide a narrative of the Insured's operations **(Include all entities, and reference entities to be excluded if any)**:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Individual:  Partnership:  Joint Venture:  Corporation:  Other:

Years in business: \_\_\_\_\_ **(If under 5 years, please provide resume(s) of Principal(s) and/or Partners)**

Years of experience of Principals: \_\_\_\_\_

# of Employees: \_\_\_\_\_

	Current Year	1 <sup>st</sup> Prior Year	2 <sup>nd</sup> Prior Year	3 <sup>rd</sup> Prior Year	4 <sup>th</sup> Prior Year
Receipts:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Payroll:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

List ALL States that the Insured operates in: \_\_\_\_\_

List ALL States where the Insured maintains a premises: \_\_\_\_\_

Service Sector(s): Residential: \_\_\_\_\_ % Commercial: \_\_\_\_\_ % Industrial: \_\_\_\_\_ %

Describe any/all Residential operations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Section II

### Operating/Non-Operating Working Interest (Investor Only) Information

#### Insured interest in Oil & Gas wells

Owner & Operator:  Yes  No  
 Non-Operating Working Interest (Investor Only):  Yes  No  
 Lease Operator (No ownership interest):  Yes  No  
 Development of wells on lease-site via contract drillers:  Yes  No  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Non-Operating Working Interest**

Please list the number of wells by % Working Interest

# of Wells	Percentage Working Interest
_____	0% to 15%
_____	16% to 25%
_____	26% to 50%
_____	Over 50%

**Oil & Gas Wells by State**

State	Oil %	Gas %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %

Are any wells located in an ocean, bay or other body of water?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

Are any wells located within 1,000 feet of an occupied structure?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

Are any wells located within city limits?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

Insured maintains Certificate of Insurance from well operator?  Yes  No  
 If No, please explain: \_\_\_\_\_

Insured is named as an Additional Insured on the operator's policy?  Yes  No  
 If No, please explain: \_\_\_\_\_

**Operated Wells**
**Oil, Gas, Shut-in and Salt Water Disposal Wells by State:**

State	Oil	Gas	Shut-in	SWD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**# of Wells to be drilled during policy period:**

0 to 5,000 ft	_____
5,001 to 10,000 ft	_____
10,001 to 15,000 ft	_____
Greater than 15,000 ft	_____
Total	_____

Does the Insured own or operate any gas recovery/processing operations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain: _____				
Are any wells located in a railroad right of way?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain: _____				
Are any wells located within 1,000 feet of an occupied structure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain: _____				
Are any wells located within in city limits?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain: _____				
Are any wells located in an ocean, bay or other body of water?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain: _____				
Is there any Jones Act Payroll?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain: _____				
Is there any USL&H Payroll?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain: _____				
Does the Insured own/lease or charter any watercraft?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain: _____				
Does the Insured own/lease any aircraft?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain: _____				
Any offshore work in the past 5 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain: _____				

### Section III

#### Operations by Classification

In the spaces provided check the operations the applicant is involved in. Also, provide the Gross Payroll and Gross Receipts for those operations the applicant is involved in:

Oil or Gas Wells Servicing by Contractors	Applicant	Gross Payroll	Gross Receipts
Bleeding or Vending	<input type="checkbox"/>	\$ _____	\$ _____
Blowout Preventer Installation	<input type="checkbox"/>	\$ _____	\$ _____
Casing Packing	<input type="checkbox"/>	\$ _____	\$ _____
Dredging	<input type="checkbox"/>	\$ _____	\$ _____
Fire Fighting	<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	<input type="checkbox"/>	\$ _____	\$ _____
Hydrostatic Testing	<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"/>	\$ _____	\$ _____
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 Workover	<input type="checkbox"/>	\$ _____	\$ _____
Salt Water Disposal	<input type="checkbox"/>	\$ _____	\$ _____
Steam Treating	<input type="checkbox"/>	\$ _____	\$ _____

Surveying	<input type="checkbox"/>	\$	\$
Tool Dressing	<input type="checkbox"/>	\$	\$
Tank Cleaning	<input type="checkbox"/>	\$	\$
Vacuum Truck	<input type="checkbox"/>	\$	\$
Welding	<input type="checkbox"/>	\$	\$
Wireline – Explosive	<input type="checkbox"/>	\$	\$
Wireline – Other	<input type="checkbox"/>	\$	\$
Well completion	<input type="checkbox"/>	\$	\$
Well Plugging	<input type="checkbox"/>	\$	\$
Workover – Tubing / Pumps	<input type="checkbox"/>	\$	\$

1. Number of Hot Oil Units: \_\_\_\_\_ 2. Number of Vacuum Units: \_\_\_\_\_  
 3. Number of Salt Water Hauler Units: \_\_\_\_\_ 4. Number of Wireline Units: \_\_\_\_\_  
 5. Number of Workover Units: \_\_\_\_\_  
 6. Painting / Sandblasting: \_\_\_\_\_ % In Shop \_\_\_\_\_ % In Field

What safety steps are taken for overspray?

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7. Welding / Cutting: \_\_\_\_\_ % In Shop \_\_\_\_\_ % In Field

What percentages of the applicant's operations involve welding? \_\_\_\_\_ %

Number of years experience as a welder? \_\_\_\_\_

What welding industry standards does the applicant operate under? \_\_\_\_\_

What does the applicant weld? \_\_\_\_\_

Does the applicant do any welding on pipelines or containers which have previously, or still carry any flammable liquids or gases?  Yes  No

Does the applicant do any "hot tap" work?  Yes  No

If yes, who is responsible for closing valves and bleeding pipelines or testing of containers to make sure they are safe for welding operations? \_\_\_\_\_

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Percentage of new construction: \_\_\_\_\_ % vs. repair and/or maintenance \_\_\_\_\_ %

Any welding over-the-hole?  Yes  No If yes, what percentage of work is over-the-hole? \_\_\_\_\_ %

Does the applicant do any welding in refineries or petrochemical plants?  Yes  No

List the companies for which the applicant operates under a contract or agreement to do welding:

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Gas or Oil Lease Work by Contractors – Not Lease Operations

<u>Applicant</u>	<u>Gross Payroll</u>	<u>Gross Receipts</u>
Backhole / Backfilling	\$	\$
Land Cleaning	\$	\$
Road Building	\$	\$
Levee Construction	\$	\$
Slush Pit Construction	\$	\$
Flowline / Waterline	\$	\$
Lease Beautification	\$	\$
Pump Installation / Service	\$	\$
Other:	\$	\$

In addition to Lease Work, does the applicant do any street or road work for land development, residential development, or commercial development projects?  Yes  No

Applicant	Gross Payroll	Gross Receipts
Oil or Gas Wells – Cementing	\$ _____	\$ _____
Number of Cementing Units: _____		
Oil or Gas Wells – Acidizing	\$ _____	\$ _____
Number of Fracturing /Acidizing Units: _____		
Oil or Gas Wells Cleaning or Swabbing	\$ _____	\$ _____
Number of Cleaning / Swabbing Units: _____		
Oil or Gas – Instrument Logging or Survey Working Wells	\$ _____	\$ _____
Number of Logging Units: _____		
Oil or Gas – Perforating of Casing	\$ _____	\$ _____
Number of Perforating Units: _____		
Geophysical Exploration	\$ _____	\$ _____
Oil or Gas Well Supplies or Equipment Dealers		
New	\$ _____	\$ _____
Used	\$ _____	\$ _____
Mud	\$ _____	\$ _____
Chemicals	\$ _____	\$ _____

### Section IV

#### Pipeline Information

Type of Pipeline	Miles	Maximum Diameter	Maximum Operating PSI	Maximum Design PSI
Gathering Lines (runs between well sites)	_____	_____	_____	_____
Transmission Lines (long distance)	_____	_____	_____	_____
Distribution (runs to end users)	_____	_____	_____	_____

What is the annual amount of pipeline constructed that is less than 4 inches in diameter? \_\_\_\_\_

What is the annual amount of pipeline constructed that is 4-10 inches in diameter? \_\_\_\_\_

What is the annual amount of pipeline constructed that is more than 10 inches in diameter? \_\_\_\_\_

What Percentage of pipeline is "above ground"? \_\_\_\_\_ % Below ground? \_\_\_\_\_ %

Does the pipeline supply any end users?  Yes  No

If yes, does the Insured's interest in the pipeline end at the meter?  Yes  No

Does the pipeline transport the Insured's own product?  Yes  No

Does the Pipeline run through any farmland, cities, under rivers or under railroads?  Yes  No

### Section V

#### Contractor Information

Describe the 5 largest contracts &/or jobs the Insured has had with the last 18 months:

Entity Contracted With	Description of Work	Receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

% of work subcontracted out: \_\_\_\_\_

How are drilling jobs contracted?  Turnkey  Day Work  Footage

Which Master Service Agreement is used?  API  IADC  AOSC  Other

Are Certificates of Insurance obtained from **ALL** subcontractors:  Yes  No

If no, please explain: \_\_\_\_\_



Subcontractors required insurance limits: \$ Occurrence \$ Aggregate

- Provisions of Insured's Contract with Subcontractors:
Is our Insured held harmless by subs?
Does our Insured hold subs harmless?
Is our Insured named as an Additional Named Insured on the sub's Primary and Excess policies?

Section VI

Safety & Loss Control Provisions

- Is a formal safety Director employed?
If Yes, please provide: Name: Address: Title: Phone Number:
Is there a formal safety program?
Is there an employee training program?
Is employee MVR's checked prior to hiring and monitored on a regular basis?
Are pre-employment drug screens performed?
Is there a formal vehicle maintenance program?
Does the Insured follow OSHA standards for promoting a safe workplace?
Does the Insured have a Certified Drug-Free workplace?
Does the Insured conduct accident investigations?
Is the public kept at a safe distance from all of the Insured's work areas?
Is all equipment maintained in good condition?
Are the premises in good condition and well maintained?
If yes, please explain:

- Have there been any claims for underground resources and equipment in the last 5 years?
Have there been any spills of crude oil, operational or waste product resulting in pollution claims against the Insured within the last 5 years?
Is the Insured currently involved in any open litigation?
Is the Insured currently aware of any situation that may result in future litigation?
If yes, please explain:

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 is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature of Insured: Title: Date:
Signature of Producer: Date: