

**Oil & Gas Insurance Program
Lease Operator & Non-Operator Supplemental**

APPLICANT INFORMATION

Named Insured:

Street Address:	City/State:	Zip Code:
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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 ☐ Yes ☐ No

or does the operator's policy have the "additional Insured-Working Interest" Endorsement:

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?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Written Safety Program in place: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Required Meetings: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. How Often: | _____ | |
| 5. Are H2S Monitors Mandatory? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have a Fire prevention procedure in place while working in the field? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

HIRING PROCEDURES

- | | | |
|----------------------|---------------------------------|-----------------------------------|
| 1. Drug Screening: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. How Often: | <input type="checkbox"/> Random | <input type="checkbox"/> Annually |
| 3. MVR Check: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Prior Experience: | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Require to be Named as Additional Insured: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Obtain Waiver of Subrogation: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Obtain Hold Harmless Agreements: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Verify all hired Subcontractors carry WC: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Require the contractor to sign a MSA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- _____ IADC _____ AOSC _____ API _____ Other

Signature of Applicant_____
Printed Name of Applicant

Date: _____

Amwins Program Underwriters
Oil & Gas Insurance Program
Dylan Brightman
Senior Associate Underwriter
(214) 618-6725 | dylan.brightman@amwins.com