

**APPLICATION FOR OIL AND GAS CONSULTANTS LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S**

APPLICANT'S INSTRUCTIONS

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET AND INDICATE QUESTION NUMBER.
3. THIS APPLICATION AND ALL SUPPLEMENT PAGES (IF REQUIRED) MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM

SECTION 1: INSURED'S DETAILS

Please state the name and address of the applicant for whom this insurance is required.

Insured's Details	
1.	Insured name(s):
2.	Address line 1:
3.	Address line 2:
4.	Address line 3:
5.	City:
6.	State:
7.	Zip code:

SECTION 2: BUSINESS DETAILS

Business Details	
1. Business type: (Please select all applicable)	
a. Company Men/Observe & Report	<input type="checkbox"/>
b. Project Managers	<input type="checkbox"/>
c. Data Analysts	<input type="checkbox"/>

- d. Mud Loggers
- e. Testing (excluding Geotechnical work)
- f. Drilling Consultants
- g. Safety Training/Consulting
- h. Well Site Supervisors
- i. Well Completion & Workover Consultants
- j. Other

2. Please provide a brief description of the Insured operations. Any applicable supporting documents to be attached separately to this application.

3. Are all operations 100% oil and gas? ___ Yes ___ No

4. Number of years insured has been in operation?

5. Number of years of experience?

6. Number of employees?

7. Gross annual payroll? USD

8. Next 12 months projected gross revenue? USD

9. Does insured carry out any manual work? ___ Yes ___ No

10. What percentage of operations are manual? %

11. Is any work conducted offshore or over water? ___ Yes ___ No

<p>a. If YES, please provide details:</p>
<p>12. Does the Insured have the ability to Hire / Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Does the Insured have the ability to Control / Direct? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. Does the Insured have the ability to Advise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. Does the Insured have Health and Safety Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16. Does the Insured have the ability to Amend / Restrict operations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17. Do you perform any work or services outside of the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" skip to next question)</p> <ul style="list-style-type: none"> • What percentage of Applicant's work is outside the USA? <input type="text"/> % Value \$ <input type="text"/> • Please list countries you work in or plan to work in: <input type="text"/> • Please list services performed in the above countries: <input type="text"/>

SECTION 3: CONTRACTUAL DETAILS

Contractual Details
<p>1. Are contracts signed with all clients? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If NO, please provide details:</p>
<p>2. Are all contracts 'Mutual Hold Harmless' and / or 'in favor of the Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

a. If NO, please provide details:

3. Are any subcontractors or sub-consultants utilized on any projects or worksites? Yes No
(if "NO" skip to next question)

- If yes, do MSA/Subcontractor agreements contain hold harmless/indemnification language & insurance requirements? Yes No
- Are Insurance Limits equal to or greater than the limits you purchase? Yes No
- Are Certificates of Insurance reviewed? Yes No
- Are you added as an additional insured to the subcontractors policy? Yes No

SECTION 4: CLAIMS DETAILS

Claims Details

1. Has the Insured had any General Liability claims and / or incidents which could have given rise to a claim in the past 5 years? Yes No

a. If YES, please provide details:

2. Has the Insured had any Professional Liability claims and / or incidents which could have given rise to a claim in the past 5 years? ___ Yes ___ No

a. If YES, please provide details:

Regarding all of the types of insurance to which this application form relates, AFTER INQUIRY:

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above ___ Yes ___ No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

SECTION 5: DECLARATION

The undersigned is authorized by the Applicant and declares, after full and proper inquiry of every principal, director or employee, that the statements contained in this Application and any supplemental materials submitted therewith are the Applicant's agreements and representations, and are the basis of the contract should a Policy be issued and that Underwriters have relied upon the truth thereof in issuing any Policy. This Application and any supplemental materials submitted therewith, or a copy thereof is attached to and is specifically made a part of any Policy issued.

Should the Applicant become aware of any facts subsequent to the signings of this Application, and before any Policy is issued, that change the truth of the statements herein, it is agreed that the application will supplement this Application and Underwriters may alter or withdraw any outstanding quotation.

Underwriters are authorized to make any investigation and inquiry in connection with this Application as they deem necessary.

The Applicant hereby acknowledges that amounts incurred as claims expenses shall reduce and may completely exhaust the applicable limit of liability and are subject to the self-insured retention.

Signed: _____ Dated: _____

Print Name: _____ Position: _____