



PROGRAM UNDERWRITERS

Energy Select Insurance Program
Lease Operator & Non-Operator Supplemental

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

Table with 4 columns: Carrier, Limits, Premium, Effective Dates, and 3 sub-columns: General Liability, Business Auto, Umbrella.

GENERAL INFORMATION

- 1. # of Employees:
2. Estimated Payroll:
3. Estimated Receipts:
4. Any work outside of the Oil & Gas Industry:
5. Any operations performed over water or marshy areas:
6. Refinery or Petrochemical Work:
7. Any exposure or operations outside the U.S.?
8. Do you have Control of Well Coverage in Place?

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

- 1. Are Certificates of insurance required from the lease operator:
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:

3. Indicate the Number of Non-Operated Wells & your working Interest:
Table with columns: 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: 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: _____

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