

Insured's/Applicant Name: \_\_\_\_\_ Insured's Web site: \_\_\_\_\_

### APPLICANT SECTION

*If a question in this application is not applicable to your business, please mark N/A*

1. Year business was established: \_\_\_\_\_ FEIN: \_\_\_\_\_
2. Are you a current member of the NGWA or any state or regional water well drilling association?  Yes  No  
If yes, please list: \_\_\_\_\_
3. Risk acts as a: \_\_\_\_\_ Prime Contractor: \_\_\_\_\_ % Subcontractor: \_\_\_\_\_ %
4. Please attach copies of:
  - Four years of currently valued loss runs.
  - Copy of most currently used subcontractor agreement, including insurance and indemnification provisions.
  - List of all possible drivers, including family members who may have occasional use of company vehicles.
  - Copies of Safety and Drug Free Workplace policies, if any

### OPERATIONS

5. Does your company perform any operations as the Prime Contractor or as the Subcontractor directly or indirectly for the oil and/or gas drilling or mining industry?  Yes  No  
If yes, please describe: \_\_\_\_\_
6. What percentage of your revenue is generated from the following operations?
 

• Domestic Water Well Drilling _____%	• Commercial Water Well Drilling, Including Municipal _____%
• Industrial Water Well Drilling _____%	• Agricultural Irrigation _____%
• Geothermal Drilling _____%	• Core Drilling _____%
• Environmental Drilling _____%	• Pump Installation, Repair or Service _____%
• Construction Drilling _____%	
• Other (e.g. wells used for livestock watering, filling ponds or lakes, golf course irrigation, landscapes, parks, etc.) Describe: _____%	
7. For Industrial, Commercial, and Municipal Water Well Drilling, specify the type of work performed: \_\_\_\_\_
8. For pump installation, repair or service, do you or your subcontractors perform the direct connections to buildings?  Yes  No
9. Do you perform or subcontract any plumbing operations inside the premises?  Yes  No
10. For Environmental Drilling, do you perform or subcontract:
 

• Dewatering Wells <input type="checkbox"/> Yes <input type="checkbox"/> No	• Monitoring Wells <input type="checkbox"/> Yes <input type="checkbox"/> No
• Remediation <input type="checkbox"/> Yes <input type="checkbox"/> No	• Installation <input type="checkbox"/> Yes <input type="checkbox"/> No
• Any work at oil, gas drilling or mining sites: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: _____
11. Do you perform or subcontract any pollution monitoring, testing, or installation at hazardous waste or superfund sites A, B, C or D?  Yes  No  
If yes: \_\_\_\_\_ A% \_\_\_\_\_ B% \_\_\_\_\_ C% \_\_\_\_\_ D%
12. With regard to monitoring wells, do you site the well or work under the direction of an engineer? \_\_\_\_\_
13. Do you perform any **Water Well** hydro fracture work?  Yes  No  
If Yes: < 3000 PSI  > 3000 PSI   
If > 3000 PSI, explain: \_\_\_\_\_
14. Do you use chemicals in the process, other than potable water/chlorine?  Yes  No

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## Questionnaire For Water Well Contractors

If Yes, explain: \_\_\_\_\_

15. Water Well drilling exposures in depth:  
 < 500 ft. \_\_\_\_\_ %    500 – 1,000 ft. \_\_\_\_\_ %    1,000 – 1,500 ft. \_\_\_\_\_ %    > 1,500 ft. \_\_\_\_\_ %
16. Does the business perform or subcontract any past, current or future operations in the states of OR, AR, HI, SC, LA, CO, or in New York City or the five Boroughs?  Yes     No
17. Does the business perform or subcontract any WrapUp projects?  Yes     No
18. Do you perform or subcontract any **Blasting** Operations?  Yes     No
- If yes:
- Are you and/or your subcontractors certified or permitted by the state?  Yes     No
  - What type of blasting ops and how many times per year, explain: \_\_\_\_\_
  - Do you complete pre-blasting surveys?  Yes     No
  - Are seismographic readings performed?  Yes     No
  - Do you follow ATF guidelines for storage and transportation of explosives?  Yes     No

### SUBCONTRACTORS

19. What percentage of your work is subcontracted compared to revenue? \_\_\_\_\_ %
20. Type of work you subcontract, explain: \_\_\_\_\_
21. Do you require a written contract with defense, indemnification and hold harmless language in your favor?  Yes     No
22. Do you require to be named as an additional insured?  Yes     No
23. Do you obtain Certificates of Insurance from subcontractors?  Yes     No
24. Minimum Limits of Liability required of subcontractors?
- Auto Liability    \$ \_\_\_\_\_    • General Liability    \$ \_\_\_\_\_    • Umbrella    \$ \_\_\_\_\_
  - Workers Comp    \$ \_\_\_\_\_

### CONTRACTORS EQUIPMENT / DRILL RIGS

25. Where required, is all heavy equipment, including drill rigs operated by properly certified individuals?  Yes     No
26. Is all heavy equipment, including drill rigs, properly secured to trailers or trucks, per Federal Motor Carrier Safety Administration guidelines, or state regulations?  Yes     No
27. Does Insured follow enforced written guidelines on equipment fueling?  Yes     No
28. Is heavy equipment, including drill rigs, equipped with proper fire extinguishers?  Yes     No
29. Is equipment valued > \$50,000 equipped with GPS or similar tracking device?  Yes     No
30. Is equipment valued > \$50,000 registered with National Equipment Registry or similar program?  Yes     No
31. Is equipment left on a job site, or overnight, immobilized (booted, kill switches, keys removed, electronic devices removed, if not permanently installed)?  Yes     No
32. Is equipment bar coded or have other identifiable markers?  Yes     No
33. Are your drill rigs equipped with manufacturer installed hydraulic levelers/outriggers?  Yes     No
34. Do you always use a two man team when driving a drill rig onto a job site?  Yes     No
35. Is a job site survey performed to determine the safest route?  Yes     No
36. Are ground conditions inspected and monitored for stability to prevent sinkhole, landslide, tip overs, etc., resulting in rig losses?  Yes     No
37. Is there a formal daily checklist for inspection prior to operations of equipment?  Yes     No
38. Is there a formal maintenance policy in place where weekly and monthly inspections of equipment and vehicles is done by a qualified technician?  Yes     No
- Repairs performed by you or by third party? \_\_\_\_\_
39. What are the maintenance requirements for checking and replacing hydraulic hoses?

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## Questionnaire For Water Well Contractors

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40. When equipment and vehicles are stored, are they space/dispersed in such a way that if a loss was to occur that the loss would be limited?  Yes  No

### EQUIPMENT LEASING

41. Do you rent or lease equipment of any type **to others**?  Yes  No  
 If yes:  With operator  Without operator  
 Revenue \$ \_\_\_\_\_ Avg. value of equipment leased: \$ \_\_\_\_\_
42. Do you rent or lease equipment of any type **from others**?  Yes  No  
 If yes:  With operator  Without operator  
 Revenue \$ \_\_\_\_\_ Avg. value of equipment leased: \$ \_\_\_\_\_
43. Do you always use a contract for rental or leasing?  Yes  No

### PROFESSIONAL EXPOSURES

44. Do you perform or subcontract any consulting or testing operations?  Yes  No  
 If yes, describe: \_\_\_\_\_
45. Do you perform or subcontract the analysis of soil or water samples?  Yes  No  
 If yes, describe: \_\_\_\_\_
46. Do you make recommendations, warranties or guarantees, based on the results of soil/water samples?  Yes  No
47. Do you carry professional liability insurance?  Yes  No  
 If no, do you require that any employee on your staff performing testing, consulting, analysis of soil or water samples, etc., carry professional liability insurance?  Yes  No
48. Do you make any guarantees or warranties as to pressure, quality, or potability of water?  Yes  No

### EMPLOYEE SELECTION AND SAFETY PROGRAM

49. Do you have procedures in place to contact the "Call Before You Dig" or similar program to verify above/below ground utilities?  Yes  No
50. Do all job sites require full time supervision and a site supervisor/foreman with at least three years trade experience?  Yes  No
51. Do you conduct regular work site inspections?  Yes  No
52. Is a pre-drill/site inspection check off sheet used before operations start each day at the site and signed off by the site manager?  Yes  No
53. Do you have a full time, dedicated safety professional on staff?  Yes  No
54. Does your company require utilization of Personal Protective Equipment?  Yes  No
55. Are power tools and equipment:
- In safe operation condition and guarded?  Yes  No
  - Inspected at regular intervals?  Yes  No
56. Is access to job sites, storage yards and owned business premises:
- Fenced?  Yes  No
  - Secured?  Yes  No
  - Lighted?  Yes  No
57. Employee selection process:
- Application  Interview  References  Pre-placement Physical
58. Do you have a formal Drug Testing Program?
- Random  Pre-employment  Post Accident  Probable Cause
59. What is the average years of experience for your drilling operators? # of Years: \_\_\_\_\_

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## Questionnaire For Water Well Contractors

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60. What professional designations/certifications are required?  
 CWD     CPI     DWD/PI     MGWC     other: \_\_\_\_\_
61. Do you provide a formal safety training program for your staff?  Yes     No  
If yes, how often? \_\_\_\_\_
62. Formal Quality Control Program?  Yes     No  
Describe: \_\_\_\_\_
63. Are Drivers required to have a CDL?  Yes     No  
MVR's Reviewed in house?  Yes     No
64. Personal use of company vehicles is allowed?  Yes     No  
Do employees use own vehicles?  Yes     No  
How often? \_\_\_\_\_

### POLLUTION EXPOSURES

65. Do you enter into hold harmless agreements with respect to assumption of pollution liability?  Yes     No  
If Yes, please describe: \_\_\_\_\_
66. With respect to the loss control program addressing pollution exposure:
- a. Are there procedures in place on handling hazardous material spills/accidents?  Yes     No
  - b. Is a formal accident investigation program in place?  Yes     No
  - c. Is there a disaster and emergency plan in place?  Yes     No
  - d. If Yes to any of the above, please describe: \_\_\_\_\_
67. Has any person, entity or government agency ever investigated or brought a cause of action against you/your company regarding an actual or alleged pollution incident?  Yes     No  
If Yes, please describe: \_\_\_\_\_
68. Provide a detailed list of all pollution incidents insured or uninsured you've ever had. Provide total incurred value of loss, including expense and valuation date.