



Casualty & Surety, Inc.
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Drilling Contractor
Application Supplement

A. APPLICANT

- 1. Insured Name:
2. Is Named Insured status requested for any other entities?
3. Do any requested Named Insureds have subsidiary, related, or affiliated companies which are not not stated in 1. or 2. above?
4. Do you have a formal company safety program?
5. Do you hold regular safety meetings?
6. Are you subject to Dept. of Transportation regulation?
7. What is your annual employee turnover?
8. What is the average length of employment for your: Toolpushers? Drillers?
9. Do you lease any employees from others?
10. Do you perform employee drug/alcohol testing?

B. OPERATIONS INFORMATION

- 1. What is your: Total number of rigs? Average number of rigs running?
2. Indicate number of wells drilled in last year by total depth:
3. Indicate number of wells expected to be drilled in coming year by total depth:
4. What percentage of your work is contracted as: footage
5. What percentage of your work is contracted as indicated below? (total = 100%)

6. Do you perform, or sub-out to others, any operations at "wet" locations? ___YES ___NO
 If yes, describe below. (Wet locations are any in, over or upon any watercourse, body of water, bog, marsh, swamp or wetland.)

C. SUBCONTRACTOR INFORMATION

1. Indicate below the operations you typically subcontract out:

___cementing	___electrical	___instrument logging
___mechanical	___mud logging	___rathole drilling
___rig erection & dismantling	___rig moving	___running casing
___site preparation	___welding	___wireline services
___other (describe) _____		

2. Indicate which of the following you require of your **SUBCONTRACTORS**:

___Certificate of Insurance
 ___Additional Insured status for yourself on subcontractor's insurance
 ___Waiver of subrogation provisions on subcontractor's insurance
 ___Subcontractor insurance endorsed to be primary

3. Do you require subcontractors to have a Master Service Agreement (MSA) completed and on-file in your office before they begin work for you? ___YES ___NO

- a. If "Yes" what form of MSA do you use? ___API ___IADC ___Other (attach)
- b. If "Yes", describe your company MSA guidelines: do you require MSA's from all subs? only from subs who perform specific operations? based on expenditure threshold? based on other factors? _____

4. Indicate the insurance coverages and limits you require for subcontractors?

<u>Coverages</u>	<u>Limits Required</u>
___General Liability	_____
___Blanket Contractual	_____
___Products/Completed Operations	_____
___Underground Resources	_____
___Pollution	_____
___Auto Liability	_____
___Workers Compensation	_____
___Umbrella Liability	_____

DECLARATION and SIGNATURE

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

Signature for First Named Insured
(May not be signed by Producer)

Title

Date

Submitted by: _____
Producer

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.