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**OIL & GAS SUPPLEMENTAL APPLICATION**  
 (ATTACH ACORD APPLICATION)

**I. APPLICANTS INFORMATION:**

**NAME:** \_\_\_\_\_

**INSPECTION CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_ Corporation    \_\_\_ Individual    \_\_\_ Partnership    \_\_\_ Joint Venture    \_\_\_ Other \_\_\_\_\_

**II. INSURED OPERATIONS:**

- \_\_\_ Investor owning a non-operating working interest in oil & gas wells
- \_\_\_ Operator owning working interest
- \_\_\_ Lease operator by contract who does not have a working interest
- \_\_\_ Contractor working for a lease operator
- \_\_\_ Other \_\_\_\_\_

**III. INVESTOR/OPERATOR/CONTRACTOR INFORMATION:**

1. Do you have an interest in any wells? \_\_\_ YES \_\_\_ NO  
 Please attach a list of all wells, indicating your interest, the type and location.
2. Do you have any wells within the corporate limits of any city or town? \_\_\_ YES \_\_\_ NO  
 Please attach a description of the wells.
3. Do you have any wells and structures within 1000 feet of each other or wells on railroad right-of-way? \_\_\_ YES \_\_\_ NO  
 Please attach a description.
4. Have you had any pollution claims or problems that may cause future claims? \_\_\_ YES \_\_\_ NO  
 Please attach a description of the claims or problems.
5. Do you have any wells or work you do in inland waters or offshore? \_\_\_ YES \_\_\_ NO  
 Please attach a description.
6. Do you plan to drill any wells during the policy period? \_\_\_ YES \_\_\_ NO  
 Please attach a description of the wells and/or your work involved with the wells.
7. Do you own or operate any gathering systems, pipelines or gas or gasoline processing plants? \_\_\_ YES \_\_\_ NO  
 Please attach a description of your interest or operations.
8. Do you have any employees or sub-contractors? \_\_\_ YES \_\_\_ NO  
 Number \_\_\_\_\_
9. Total Payroll \_\_\_\_\_ Sub-contractor cost \_\_\_\_\_ Gross Receipts \_\_\_\_\_

**IV. OPERATIONS:**

Please indicate which of the following operations are performed **direct** by you or your employees and which operations are performed by your **sub-contractors**.

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<u>OPERATIONS</u>	<u>DIRECT</u>	<u>SUB-CONTRACTED</u>
1. ACIDIZING	_____	_____
2. CEMENTING	_____	_____
3. CASING INSTALLATION & PULLING	_____	_____
4. DRILLING MUD	_____	_____
5. DRILLING OR REDRILLING	_____	_____
6. EQUIPMENT INSPECTION, INSTALLATION & REPAIR	_____	_____
7. FRACTURING	_____	_____
8. GEOPHYSICAL EXPLORATION	_____	_____
9. INSTRUMENT LOGGING	_____	_____
10. LAND CLEARING & GRADING	_____	_____
11. PERFORATING OF CASING	_____	_____
12. PIPELINE CONSTRUCTION	_____	_____
13. PUMPING & GAUGING	_____	_____
14. RIG AND EQUIPMENT HAULING	_____	_____
15. RIG OR DERRICK ERECTING OR DISMANTLING	_____	_____
16. ROD & TUBING	_____	_____
17. STILL ERECTION OR REPAIR	_____	_____
18. SWABBING OR CLEANING	_____	_____
19. TANK CLEANING OR PAINTING	_____	_____
20. WELDING OR CUTTING	_____	_____
21. WIRELINE	_____	_____
22. OTHER _____	_____	_____

**V. CONTRACTUAL INFORMATION:**

1. Do you maintain certificates of insurance from your sub-contractors? \_\_\_ YES \_\_\_ NO
2. Do you require your contractors to carry limits of insurance equal to your own limits? \_\_\_ YES \_\_\_ NO
3. Do you require your contractors to name you as an additional insured and give you a waiver of subrogation? \_\_\_ YES \_\_\_ NO
4. Are you required to provide certificates, name anyone as an additional insured or provide a waiver of subrogation? \_\_\_ YES \_\_\_ NO
5. How do you contract for services or how do you contract to provide services?  
 \_\_\_ Turnkey, \_\_\_ Day Work, \_\_\_ Footage, \_\_\_ IADC, \_\_\_ API, \_\_\_ or Other
6. Do you require written contracts from your operators and/or contractors?  
 \_\_\_ IADC, \_\_\_ AOSC, \_\_\_ API or \_\_\_ Other \_\_\_\_\_?

**VI. DECLARATION AND SIGNATURE:**

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Sub-producer

\_\_\_\_\_  
Title (Date)

\_\_\_\_\_  
Producer

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**CONSIDERATION OF REDUCTION IN SALES REQUIRES A WRITTEN EXPLANATION BY THE APPLICANT PRIOR TO BINDING - RATE WILL BE RE-EVALUATED**

**FORMS:**

**\*Coverage will be written using the 2001 ISO CGL Format**

CG0001-1001 Comm'l General Liab Cov	U048-0702 Empl.-Related Pract. Excl
IL0017-1185 Common Policy Conditions	U070-0702 Ded. Liability Insurance
IL0021-0498 Nuclear Energy Lib. Excl.	CG2167-0402 Fungi/Bacteria Excl
U094-0702 Service of Suit Endt	U159-0702 Limitation of Cov to Bus. Description
U002-0702 Minimum Policy Premium	U184-0702 Inspection Fees
U003-0702 Hazardous Materials Excl.	U004-0702 Miscellaneous Exclusions Endt
TRIA2002Notice -1202 Policyholder Disclosure	U173-0702 Cancellation
CG2135-1001 Exc Cov C - Med Pay	U056-0702 Exterior Insulation& Finish Sys Excl
U008-0702 Contractors Covg Limitations	
CG2139-1093 Contractual Liab Limitation	

**Other: *The attached disclosure notice must be signed & returned prior to binding. (Terrorism)***

**QUOTE IS SUBJECT TO RECEIVING FAVORABLE INSPECTION AND RECEIPT OF ORIGINAL FULLY COMPLETED APPLICATION SIGNED BY THE INSURED.**

**Conditions: Subject to PRIOR TO BINDING:**

1. Written Order
2. Receipt of original application signed by the insured. (Fax copy - mail original)
3. Receipt of Insured signed Terrorism disclosure notice (Notice Attached)

**Subject to within 30 DAYS OF BINDING:**

1. Receipt of original, fully completed application signed by the insured
2. Receipt and review of inspection (will be provided)

**Comments:**