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Lease Operator  
 Supplemental  
 Application Energy

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible may be discarded.
2. THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE OWNER, PARTNER, OR OFFICER OF THE COMPANY AND WILL FORM A PART OF THE POLICY, IF ONE IS ISSUED.
3. Please read the statements at the end of this application carefully. Thank you!

**LEASE OPERATOR SUPPLEMENTAL APPLICATION**

**APPLICANT INFORMATION**

- A. Name of applicant: \_\_\_\_\_
- B. Is Named Insured status requested for any other entities?  YES  NO  
 If "Yes", attach a list.
- C. Operations – please check all that apply:
- |   |   |
|---|---|
| <input type="checkbox"/> Lease Operator                 | <input type="checkbox"/> Operator by Contract         |
| <input type="checkbox"/> Developer                      | <input type="checkbox"/> Promoter                     |
| <input type="checkbox"/> Non-Operating Working Interest | <input type="checkbox"/> Other _____ (Attach details) |

**WELL INFORMATION**

**D. OPERATOR**

1. How many years operating experience? \_\_\_\_\_
2. Do you maintain an approved contractor list?  YES  NO
3. Do you require your independent contractors to sign standard Master Service Agreements before beginning work?  YES  NO
4. How are drilling jobs contracted?
 

<input type="checkbox"/> No Contract used	<input type="checkbox"/> Turnkey	<input type="checkbox"/> Day Work
<input type="checkbox"/> Footage	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other (describe) _____
5. Indicate which of the remaining you require of your subcontractors:
  - Certificate of Insurance
  - Subcontractor's coverage endorsed to be primary
  - Professional Liability Coverage
  - Underground Resources and Equipment Coverage limits equal to yours
  - Pollution Coverage
  - General Liability limits equal to yours
 Describe below: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Are you named as an Additional Insured in the Lease Contractor's policy?  YES  NO

7. Do you require a Waiver of Subrogation of drillers and service contractors?      \_\_\_YES \_\_\_NO

8. How do you verify 5, 6 and 7 above?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What amount do you expect to spend annually for subcontractors listed below:

a. Lease Operations:      \$\_\_\_\_\_

b. Workover:      \$\_\_\_\_\_

c. Drilling:      \$\_\_\_\_\_

10. Complete the Oil/Gas Operator Well Summary – TABLE A and provide a detailed well schedule.

**SUMMARY OF  
OIL & GAS WELLS LISTING  
FOR  
OPERATOR**

	NUMBER OF WELLS										NUMBER OF WELLS														
	DRY/LAND										WET/OFFSHORE														
	TO 7,500 FEET					OVER 7,501 FEET					TO 7,500 FEET					OVER 7,501 FEET									
<b>WORKING INTEREST</b>																									
0 - 10%																									
11 - 20%																									
21 - 30%																									
31 - 40%																									
41 - 50%																									
51 - 60%																									
61 - 70%																									
71 - 80%																									
81 - 90%																									
91 - 100%																									
<b>TOTAL</b>																									

TABLE A – OIL & GAS WELLS LISTING FOR OPERATOR

11. Are any wells within 1000/305m of an occupied structure? \_\_\_YES \_\_\_NO
12. Are any wells within corporate limits of a city or town? \_\_\_YES \_\_\_NO
13. Are any wells located in a railroad right-of-way? \_\_\_YES \_\_\_NO
14. Do you supply house gas? \_\_\_YES \_\_\_NO  
 If "Yes", how many taps?  
 a. Is there a pressure regulator for each tap? \_\_\_YES \_\_\_NO  
 b. Is there a written hold-harmless agreement in your favor for each tap? \_\_\_YES \_\_\_NO  
 c. Is there a written requirement for homeowner to odorize the gas? \_\_\_YES \_\_\_NO
15. Do you know, or have you ever, provided any domestic gas connection services beyond providing a tap? \_\_\_YES \_\_\_NO  
 If "Yes", describe: \_\_\_\_\_
16. Do you operate gathering systems that primarily service 3rd party wells? \_\_\_YES \_\_\_NO  
 If "Yes",  
 How many systems? \_\_\_\_\_  
 How many total miles? \_\_\_\_\_

**E. NON-OPERATOR**

1. Indicate which of the remaining you require of your Lease Operators:  
 \_\_\_ Certificate of Insurance  
 \_\_\_ Lease Operator's coverage endorsed to be primary  
 \_\_\_ Professional Liability Coverage  
 \_\_\_ Underground Resources and Equipment Coverage limits equal to yours  
 \_\_\_ Pollution Coverage  
 \_\_\_ General Liability limits equal to yours  
 Describe below:

\_\_\_\_\_  
 \_\_\_\_\_

2. Are you named as an Additional Insured in the Lease Operator's policy? \_\_\_YES \_\_\_NO
3. How do you verify 1 & 2?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Complete the Oil/Gas Non-Operator Well Summary – TABLE B and provide a detailed well schedule.

**SUMMARY OF  
OIL & GAS WELLS LISTING  
FOR  
NON-OPERATOR**

	NUMBER OF WELLS										NUMBER OF WELLS														
	DRY/LAND										WET/OFFSHORE														
	TO 7,500 FEET					OVER 7,501 FEET					TO 7,500 FEET					OVER 7,501 FEET									
<b>WORKING INTEREST</b>																									
0 - 10%																									
11 - 20%																									
21 - 30%																									
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41 - 50%																									
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61 - 70%																									
71 - 80%																									
81 - 90%																									
91 - 100%																									
<b>TOTAL</b>																									

TABLE B – OIL & GAS WELLS LISTING FOR NON-OPERATOR

PIPELINE INFORMATION

A. OPERATOR

1. Complete the Oil/Gas Operator Pipeline Summary – TABLE C and provide a detailed pipeline outline.

**SUMMARY OF  
PIPELINE SCHEDULE  
FOR  
OPERATOR**

WORKING INTEREST	LAND			OFFSHORE		
	Product	Diameter	Length	Product	Diameter	Length
0 - 10%						
11 - 20%						
21 - 30%						
31 - 40%						
41 - 50%						
51 - 60%						
61 - 70%						
71 - 80%						
81 - 90%						
91 - 100%						
	<b>TOTAL</b>			<b>TOTAL</b>		

TABLE C – PIPELINE SCHEDULE FOR OPERATOR

2. Do you operate any pipelines thru towns, cities or populated areas? \_\_\_YES \_\_\_NO  
If "Yes", please attach details.

3. Do you operate any pipelines that cross any railways, roads, or water? \_\_\_YES \_\_\_NO  
If "Yes", please attach details.

4. Do you operate any pipelines that supply end users other than house gas? \_\_\_YES \_\_\_NO  
If "Yes", please attach details.

5. Do you operate secondary recovery operations? \_\_\_YES \_\_\_NO  
If "Yes", please attach details.

a. Do you operate or have ownership interest in any gas processing or gasoline recovery (distillate) plants? \_\_\_YES \_\_\_NO  
If "Yes", please attach details.

b. Do you operate any gas sweetening plants? \_\_\_YES \_\_\_NO  
If "Yes", indicate safety controls and ppm of H2S being scrubbed at each plant:

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Indicate adjacent exposures within ¼ mile of each plant:



**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**In all other states:** It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Name:

Signature:

\_\_\_\_\_

\_\_\_\_\_

Title:

Date:

\_\_\_\_\_

\_\_\_\_\_