

Oil & Gas Service Contractors Supplemental Application

General Information

Named Insured:	
Mailing Address:	
Location Address:	
States in which you work:	
Years of experience as a Service Contractor:	
If new in business, years of prior experience and type of work performed:	
Number of field employees:	
Projected gross sales: Projected gross payroll:	
Have gross sales changed from last year? *If so, how much?	*Yes ☐ No ☐
Complete description of operations:	
Does the applicant have Workers' Compensation Insurance for all employees?	Yes 🗌 No 🗌
Does the applicant perform any operations offshore or over the water (including marshes, swamps, bogs, etc.)? *If yes, please provide details:	*Yes 🗌 No 🗍
Does the applicant perform any operations in refineries and/or petrochemical plants? *If yes, please provide details:	*Yes ☐ No ☐
Does the applicant have a formal safety program in place? How often are safety meetings conducted?	Yes 🗌 No 🗌



Subcontractors Information

Subcontracted Operations:	Subcontra	Subcontractors Cost:	
Do all subcontractors sign a Master Service Agreement? What type of agreement is used? ☐ IADC ☐ API ☐ O		Yes 🗌 No 🗌	
Do you obtain Certificates of Insurance from all subcontractors?		Yes ☐ No ☐	
What limits of liability are required of your subcontractors	s?		
Are you named as an Additional Insured on all subcontra	actors' policies?	Yes ☐ No ☐	
Class of Operation	ns		
Type of Operation	Payroll	Gross Sales	
Acidizing/Fracturing Backhoe/backfilling Blowout Preventor Installation Casing Packing Cementing Cleaning/Swabbing Dealers of Equipment or Supplies (see below also) Dismantling or Erection of Rigs Dredging Electrical Equipment or Supplies Rental (see below also) Flowline/Waterline Gas Processing Gas Squeezing Gas Squeezing Gas Sweetening Gauging Heat Treating Geophysical Exploration Hot Oil Hydrostatic Testing Installing Casing Instrument Logging or Survey Work Land Clearing/Road Building (see below also) Lease Beautification Mechanical Mud Logging Painting/Sand Blasting Paraffin Treatment Perforating			



	Payroll	Gross Sales
Pipe Fitting Pipe Straightening Pipeline Construction (see below also) Plumbing Pump Installation/Service Removal of Casing		
Type of Operation	Payroll	Gross Sales
Rig Moving Running Casing Site Preparation Slush Pit Construction Snubbing Salt Water Disposal Steam Treating Surveying Tool Dressing Tank Cleaning Vacuum Truck Welding (see separate supplemental) Wireline Well Completion Well Plugging Workover		
If none of the above, please complete:		
Type of Operation	Payroll	Gross Sales
Equipment or Supply Dealers:		
Gross sales of new equipment: \$ Gross sales of used equipment: \$ Please attach a complete list of equipment/supplies.		
Gross sales of Mud: \$ Gross sales of Chemicals: \$ Please attach MSDS on all chemicals sold.		



Do you modify (including threading or rethreading) or	repackage the products or equipment? *Yes □ No □
*If yes, please describe:	
Equipment or Supply Rentals: Gross sales with operator: \$ Gross sales without operator: \$	
Please attach a complete list of equipment or supplies use.	s. Please attach the rental agreement in
Land Clearing/Road Building: Are you involved in any land clearing/road work for other.	*Yes ☐ No ☐
*If yes, please give details:	
Pipeline Construction: Annual amount of pipeline constructed that is less that Annual amount of pipeline constructed that is 4-10 incommon Annual amount of pipeline constructed that is more the Percentage of pipeline that is above ground: Average depth of below ground pipeline: Any pipeline construction within the city limits? *If yes, please detail:	thes in diameter: miles an 10 inches in diameter: miles miles *Yes □ No □
I hereby certify that all information is accurate to the b	est of my knowledge.
Applicant's signature: E	Date: