CATLIN

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? *Yes ☐ No ☐
*If so, how much?_____

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.)? *Yes ☐ No ☐
*If yes, please provide details:_____

Does the applicant perform any operations in refineries and/or petrochemical plants? *Yes ☐ No ☐
*If yes, please provide details:_____

Does the applicant have a formal safety program in place? Yes ☐ No ☐
How often are safety meetings conducted?_____

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Subcontractors Information

Subcontracted Operations:	Subcontractors Cost:

Do all subcontractors sign a Master Service Agreement? Yes ☐ No ☐

What type of agreement is used? ☐ IADC ☐ API ☐ Other_____

Do you obtain Certificates of Insurance from all subcontractors? Yes ☐ No ☐

What limits of liability are required of your subcontractors?_____

Are you named as an Additional Insured on all subcontractors' policies? Yes ☐ No ☐

Class of Operations

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 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. Please attach the rental agreement in use.

Land Clearing/Road Building:
Are you involved in any land clearing/road work for other than oil and gas leases?
*Yes ☐ No ☐

*If yes, please give details:_____

_____

Pipeline Construction:
Annual amount of pipeline constructed that is less than 4 inches in diameter:_____miles
Annual amount of pipeline constructed that is 4-10 inches in diameter:_____ miles
Annual amount of pipeline constructed that is more than 10 inches in diameter:_____ miles
Percentage of pipeline that is above ground:_____%
Average depth of below ground pipeline:_____
Any pipeline construction within the city limits? *Yes ☐ No ☐
*If yes, please detail: _____

_____

_____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's signature:_____ Date: _____
Producer's signature:_____ Date: _____