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Energy Supplemental Application

I. Applicant Information

Named Insured: _____

Proposed Effective Date: _____

Mailing Address: _____

II. General Information (ALL General Information is required to move forward)

1. Number of employees: _____

2. Gross Payroll (please include split between field and office): Field Payroll: _____ Office Payroll: _____

3. Estimated annual gross revenue

1st year prior: _____ 2nd year prior: _____ 3rd year prior: _____

4. Description of operations: _____

5. Auto schedule:

Type	No. of Units	Local (0-50 miles)	Intermediate (51-200 miles)	Long Distance (200+ miles)
Private Passenger				
Light				
Medium				
Heavy				
Extra Heavy Truck Tractor				

*Please include currently valued loss runs for all lines.

7. Information on MSA/Copy of Executed Contract

Do you have Mutual Hold Harmless Agreements? Yes No

Do you have Waivers of Subrogation? Yes No

Are subcontractors required to include insured as Additional Insureds on their policies? Yes No

8. Risk Management / Safety Information

Do you have a safety program/manual? Yes No

If yes, please include copy.

Do you have written driver acceptability criteria? Yes No

If yes, does your driver criteria meet or exceed the below? Yes No

a. No DUI/DWI

b. Less than 3 moving violations within the last three years

c. Must have valid and in-force license

How often do you review employee MVRs? _____

Who within your company is responsible for reviewing MVRs and determining driver eligibility? _____

Do you have a written cell phone and texting policy? Yes No

If yes, what limitations does it apply while using a vehicle? _____

What percentage of employees is allowed to take vehicles home while off the clock? _____%

Are employees allowed to use company vehicles for personal use? Yes No

Are family members allowed to use company vehicles for personal use? Yes No

III. Contractors/Consultants **If operations do not pertain to you, please check box.** N/A

Specify the approximate percentage of services provided for each of the following categories:

Refineries, Gas Plants, Petrochemical Plants	_____ %	Offshore/Over Water	_____ %
Oilfield	_____ %	Environmental	_____ %
Industrial Plants	_____ %	Other (describe):	_____ %

IV. Consulting Services

If your services are performed as a Consultant, please indicate which of the following most accurately describes the majority of your business.

Oil & Gas Consultants (Company Men-other than Observe & Report)	Involved with direct supervision, control or oversight of rig or rig person-nel. May include ability to stop work, engage, hire, fire, select or otherwise control the jobsite.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil & Gas Consultants (Company Men-Observe and Report only)	But only if the following applies: Consultants without any direct supervision or oversight of rig or rig personnel. Not involved in actual drilling, exploration, completion, workover or production services. No ability to stop work, engage, hire, fire, select or otherwise control the jobsite. Strictly observe and report basis reporting to project owner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil & Gas Consultants (Specialist service providers)	Consultants who provide onsite services and/or direct supervision of a specialized service that is either over the hole or downhole. Including but not limited to: Production; Perforating/Completion; Drilling and or Directional Drilling; Work Over; Mud Men/Mud Loggers	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Contractors/Consultants Operations & Services:

Please complete the attached schedule where applicable and allocate your operations or services by percentage of receipts generated by the particular operation or service performed by or on your behalf.

Please describe where indicated	% Performed by you	% Performed by Subs	Please describe where indicated	% Performed By you	% Performed By Subs
Consulting & Engineering			Down Hole/Over Hole Services		
Drilling & Directional Drilling Consultants	_____%	_____%	Acidizing	_____%	_____%
Geophysical	_____%	_____%	Blow Out Control Services including training	_____%	_____%
Production Consultants	_____%	_____%	Casing Installation/ Removal	_____%	_____%
Perforating/Completion Consultants	_____%	_____%	Cementing	_____%	_____%
Pipeline Consulting/ Inspection on land	_____%	_____%	Cleaning/Snubbing/ Capping of wells	_____%	_____%
Pipeline Consulting/ Inspection over water	_____%	_____%	Completion/ Perforating	_____%	_____%
Mud Men/Mud Loggers	_____%	_____%	Down Hole tool operating	_____%	_____%
Project Management, including Health & Safety	_____%	_____%	Drilling/Re-drilling (Oil/Gas/SWD)	_____%	_____%
Project Management, w/out Health & Safety	_____%	_____%	Fishing/Tool Retrieval Contractors	_____%	_____%
Reserve Modeling Consultants	_____%	_____%	Fracturing Services	_____%	_____%
Reservoir Engineering	_____%	_____%	Lease Operators & Non Operators	_____%	_____%
Rig Mobilization Consultants	_____%	_____%	Mud Loggers/Mud Men	_____%	_____%
Seismic Surveys	_____%	_____%	Pumping/Gauging	_____%	_____%
Well Design	_____%	_____%	Well Plugging/ Abandonment	_____%	_____%
Workplace Health & Safety Training	_____%	_____%	Well Servicing/ Workover	_____%	_____%
Work Over Consultants	_____%	_____%	Wireline/Slickline Services	_____%	_____%
Contracting & Service Classes			Manufacturing & Re-manufacturing *		
Above Ground Storage Tank Installation	_____%	_____%	Oilfield Products Manufacturing - New	_____%	_____%
Analytical Laboratories	_____%	_____%	Oilfield Products Remanufacture	_____%	_____%
Crane Operators / Riggers	_____%	_____%	Tubular goods manufacturers/ remanufacturers	_____%	_____%
Electrical	_____%	_____%	Tubular goods-	_____%	_____%

VI. Offshore & Over Water Exposures:

1. What percentage of Applicant's work is over water (including marshes, bays, inland waters & offshore)? _____%
2. How often does Applicant or Applicant's Employees work offshore/overwater? _____ per month or _____ per annum
3. Does Applicant or Applicant's Employees stay offshore/overwater? Yes No
If yes, average # of days: _____ or max # of days: _____

4. Please describe a typical offshore/over water project including services performed and project duration.

5. Number of employees offshore at any one time: _____ Professional Staff _____ Labor/Technicians

6. Who is responsible for transportation to offshore worksites? _____

7. What percentage of Applicant's work is from boats, docks or barges? _____%

8. We do not perform any work or services that require working over water or offshore. Yes No

VII. Operators/Non-Operators: If operations do not pertain to you, please check box. N/A

If completed well schedule is available, please attach and include with submission documents.

1. Is the Applicant:

An **operator of record** owning working interest in wells, who manages lease operations for his/her co-owners of the working interest? Yes No

An **operator of record** not owning working interest in wells, who utilizes a contract operator to manage lease operations? Yes No

A **promoter** selling drilling prospects to operators for a carried interest in the wells? Yes No

A **lease operator by contract** who does not have a working interest in the wells? Yes No

An **investor** owning a non-operating working interest? Yes No

An **operator** which has any service contractor subsidiary? Yes No

2. How are drilling/work over operations contracted?

Day Work: _____ Footage: _____

Turnkey: _____ Other (attach copy): _____

3. How many years in experience? _____

4. Indicate the number of producing, saline and shut in wells as a **lease operator**:

State	Oil	Gas	Saline	Shut-In	Average Depth

5. Indicate the number of plugged and abandoned wells as a **lease operator**:

State	Oil	Gas	Saline	Shut-In	Average Depth

6. Indicate the number of wells to be drilled as a **lease operator**:

State	Estimated Depth	Vertical	Horizontal

7. Indicate the number of non-operated wells with 0 – 25% working interest:

State	Oil	Gas	Saline	Shut-In	Average Depth

8. Indicate the number of non-operated wells with 26 – 50% working interest:

State	Oil	Gas	Saline	Shut-In	Average Depth

9. Indicate the number of non-operated wells with more than 50% working interest:

State	Oil	Gas	Saline	Shut-In	Average Depth

10. Indicate the number of wells to be drilled as non-operator:

State	Estimated Depth	Vertical	Horizontal

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

Name of Applicant: _____ Title: _____

Signature of Applicant: _____ Date: _____