



**INSURANCE FOR OIL AND GAS PROFESSIONALS**

## Application Form

This is an application suitable for oil and gas professionals and companies with up to five employees that have revenues up to \$1m, operate onshore in the USA and do less than 20% manual work. Limits are available up to \$5m for both professional and general liability. Simply complete the form and return it to your insurance broker.



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## INSURANCE FOR OIL AND GAS PROFESSIONALS

### APPLICATION FORM

#### INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the O&G policy. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clause 1 provides cover on a claims made and reported basis. Under this Insuring Clause a claim must be first made against the Insured and notified to us during the period of the policy to be covered. This Insuring Clause does not cover any claim arising out of any actual or alleged incident occurring prior to the retro date.

#### HOW TO COMPLETE THIS FORM

If you are a company, the form must be completed by a principal, partner or director who should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered. If you require any extra room to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

### SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the applicant for whom this insurance is required.

Full name:	
Address:	
City:	State:
ZIP Code:	
Email Address:	Website:

1.2 Please state the number of employees:

1.3 Please state your revenue received in respect of the following years:

Last complete  
financial year

Estimate for current  
financial year

Estimate for next  
financial year

1.4 What percentage of your work is offshore?

 %

1.5 Is any work done in refineries or petrochemical plants?

 Yes  No

## SECTION 2: ACTIVITIES

2.1 a) Please provide a full breakdown of the activities performed by each of your employees by placing a tick or a cross in the box below

	Employee 1	Employee 2	Employee 3	Employee 4	Employee 5
Name:	_____	_____	_____	_____	_____
Years of experience:	_____	_____	_____	_____	_____
Engineer – Drilling	_____	_____	_____	_____	_____
Engineer – Reservoir	_____	_____	_____	_____	_____
Engineer – Production	_____	_____	_____	_____	_____
Geologist/Geoscientist	_____	_____	_____	_____	_____
Health and Safety	_____	_____	_____	_____	_____
Company man	_____	_____	_____	_____	_____
Consultant – Drilling	_____	_____	_____	_____	_____
Consultant – Other	_____	_____	_____	_____	_____
Project Manager	_____	_____	_____	_____	_____
Supervisor	_____	_____	_____	_____	_____
Manager	_____	_____	_____	_____	_____
Other – please describe	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

b) Please provide the following information:

	Employee 1		Employee 2		Employee 3		Employee 4		Employee 5	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Do you perform any manual work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes does it constitute less than 20% of your working time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you oversee, instruct, direct, supervise or have any involvement in any work or operations that occur or may occur on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are you responsible for:</b>										
Hiring and firing of personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling or directing others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advising others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to amend or restrict operations on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 3: CONTRACT INFORMATION

Do you sign any reciprocal hold harmless agreements with:

Rig operators or other principals?

Yes  No

Other contractors?

Yes  No

## SECTION 4: CLAIMS EXPERIENCE & INSURANCE HISTORY

4.1 Please provide details of your current Professional Liability insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY	MM / YY				
Required:	MM / YY	MM / YY			N/A	N/A

4.2 Please provide details of your current General Liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY				
Required:	MM / YY			N/A	N/A

4.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:  Yes  No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

## SECTION 5: DECLARATION

- I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____	Full name: _____
Position held: _____	Date: MM / DD / YY _____

ADDITIONAL INFORMATION:

# O&G



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