

Roush Insurance Services, Inc.

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ENERGY OPERATOR/NON-OPERATOR SUPPLEMENT

First Named Insured: _____ _____ First Named Insured's Mailing Address: _____ _____ _____ Website Address: _____	Agency Name: _____ Agent: _____ Address: _____ _____ E-mail: _____ Phone: _____
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PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

GENERAL INFORMATION

1. Additional Named Insureds (attach description of ownership and operations for each):

Name	Address	Interest

2. Insured's Representatives:

Safety/Inspection: _____ Phone: _____
 Fax: _____
 E-mail: _____
 Website: _____

3. Are audited financial statements available, if requested? Yes No

If no, please explain: _____

4. Number of Employees: _____ **Estimated Annual Payroll:** _____

Estimated twelve (12) Month Gross Revenues: _____ Domestic: _____ Foreign: _____
 Last twelve (12) Month Gross Revenues: _____ Domestic: _____ Foreign: _____

Note: For operations other than as operator or non-operator, please provide a schedule of revenues for each such entity.

5. Does the Insured purchase Workers Compensation insurance in compliance with state Workers Compensation Act? Yes No

Any operations in Monopolistic States?..... Yes No
 If yes, which ones: _____

6. Is Stop Gap Coverage desired? Yes No

Number of Employees: _____

7. Does the Insured lease any employees? Yes No

If yes, please explain: _____

8. Current Insurance:

	General Liability	Umbrella Liability
Carrier:		
Term:		
Premium:		

9. Does the existing Commercial General Liability policy contain a retro date? Yes No

If yes, for which coverages and what is the date? _____

Is Claims-Made buyback coverage required? Yes No

10. Has any carrier cancelled or declined to renew within the past five years (not applicable to Missouri applicants)? Yes No

11. How long has this account been in your agency? _____

12. Is the Applicant:

a. An operator? Yes No

b. A landowner having a royalty interest or drawing royalty income? Yes No

c. An investor owning a non-operating interest in wells? Yes No

d. A promoter selling drilling prospects to operators for a carried interest? Yes No

e. A developer who, as operator, contracts to or have wells drilled and when completed, the wells are turned over to others for operation? Yes No

f. An operator who owns drilling or service or work-over contractor operations that perform services for parties other than the Insured? Yes No

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

h. A service contractor? Yes No

If yes, provide Service Contractors supplement.

i. Brief description of operations: _____

13. Is Non-Owned Auto coverage desired? Yes No

If yes, how many non-clerical employees does the Insured have whose duties involve operations outside the office? _____

Does the Insured hire vehicles other than PP or PU? Yes No

If yes, what types and how many? _____

14. Briefly describe any non-oil and gas operations to be included (include location and number of acres):

a. Ranches? Yes No

Number of acres: _____ Description: _____

b. Vacant Land? Yes No

Number of acres: _____ Description: _____

c. Hunting Leases? Yes No

Number of acres: _____ Description: _____

AS OPERATOR

1. How many years experience? _____
2. How are drilling/work-over operations contracted?
 - Day Work: IADC API
 - Footage: IADC API
 - Turnkey: IADC API
 - Other: Attach Copy
3. How are servicing operations contracted:
 - a. Master Service Agreement?..... Yes No
 If yes, attach copy.
 Is copy attached? Yes No
 - b. Well Service Contract?..... Yes No
 If yes, attach copy.
 - c. Individual job order/purchase order? Yes No
4. Indemnity Agreements with Contractors (all questions must be answered):
 - a. Does your agreement with contractors indemnify you for liability for BI or PD caused by your sole or concurrent negligence? Yes No
 - b. Is your indemnity agreement supported by liability insurance? Yes No
 If yes, is such indemnity Mutual or Unilateral? Mutual Unilateral
 If Mutual, what is the amount of Insurance supporting the indemnity? _____
 Explain situation, if necessary: _____
5. Insurance required of contractors and subcontractors:
 - a. What limits of insurance are required of contractors and subcontractors?

General Liability	\$
Auto Liability	\$
Employers Liability	\$
Other:	\$
 - b. Do you require contractors and subcontractors to purchase the following:
 - Commercial General Liability? Yes No
 - Contractual Liability? Yes No
 - Completed Operations? Yes No
 - Coverage for Explosion "X"? Yes No
 - Coverage for Blow-out and Cratering "E"? Yes No
 - Coverage for Underground Resources "D"? Yes No
 - Coverage for Saline Contamination "W"? Yes No
 - c. Are Certificates of Insurance required?
 If yes, where are they kept? _____
 - d. Does the Insured require waiver of subrogation from drillers and work-over contractors? Yes No
 - e. Does the Insured require that he be an "Additional Insured" on Contractors' and Subcontractors' policies? Yes No
 - f. What is the amount the Insured expects to spend as operator on independent contractors for:
 Lease work: _____ Work-over: _____ Drilling: _____

- g.** Does the Insured maintain an approved Contractors List?..... Yes No
 If no, explain how contractors are hired and how insurance compliance is monitored: _____

- h.** Are well sites fenced, including pumpjacks, tank batteries, separators, compressors, etc.? Yes No
- i.** Any mobile equipment to be covered at inception? Yes No
 Describe type and use: _____
- j.** Any owned or non-owned watercraft exposure?..... Yes No
 Describe type and use: _____
 Owned Watercraft covered by P&I Insurance? N/A Yes No
- k.** Any wet wells or platforms? Yes No
 If yes, is the wet percentage of total gross wells less than 5%? N/A Yes No
 If yes, number of platforms? _____
- l.** Are there any secondary recovery operations? Yes No
- m.** Does the Insured operate any gas plants? Yes No
 If yes, how many: _____
 If yes, do they handle any Third Party Product? Yes No
 If yes, explain surrounding exposures: _____
- n.** Any foreign operations to be covered? Yes No
 If yes, what percentage of revenues is derived from foreign operations? _____%
 If yes, what percentage of well count is foreign? _____%
 Describe non-US/Canada exposure: _____

- o.** Any operations in environmentally sensitive areas? Yes No
 If yes, please explain: _____

- p.** Any discontinued operations to be covered? Yes No
 If yes, please explain: _____

- q.** Is the Employee Benefits Endorsement needed?..... Yes No
 If yes, is a written explanation of benefits given to all employees? Yes No
 Number of Employees: _____
 Is there a full time benefits specialist of Personnel Department? Yes No
- r.** Any losses or claims in the past five years? Yes No
 If yes, please explain (attached list if necessary): _____

OPERATING WELL SCHEDULE

No. of Wells	State	Total Vertical Depth	Well Type				Well Status				Land or Wet (L, W)	City Limits (Y or N)
			Oil	Gas	SWI	SWD	Prod	P&A	SI	To Be Drilled		

AS NON-OPERATOR

1. How many years of experience? _____
2. Do you keep copies of Certificates of Insurance from the operator? Yes No
3. Does the operators policy have:
 "Additional Insured—Working Interest Endorsement"? Yes No
 Is the Insured named as an "Additional Insured"? Yes No
4. Any losses or claims in the past five years? Yes No
 If yes, please explain (attached list if necessary): _____

NON-OPERATING WELL SCHEDULE

Working Interest	Prod/ SWD SI/ P&A	To Be Drilled	State:		State:		State:		State:		State:	
			No. of Wells		No. of Wells		No. of Wells		No. of Wells		No. of Wells	
			Land	Wet/ Offshore (W, O)	Land	Wet/ Offshore (W, O)	Land	Wet/ Offshore (W, O)	Land	Wet/ Offshore (W, O)	Land	Wet/ Offshore (W, O)
0-5%												
6-10%												
11-25%												
26-50%												
Over 50%												

EXCESS LIABILITY

Limit Requested: _____ Excess of: _____

1. Does the expiring Excess/Umbrella contain a retro date? Yes No
 If yes, what is the retro date? _____
2. Please explain any prior to current "Claims Made" coverage or policies: _____

3. Anticipated underlying policy information:

Coverage	Company	Coverage Terms	Limits	Estimated Annual Premium
Commercial General Liability				
Auto Liability				
Employer's Liability				
Maritime Employer's Liability				
Aircraft Liability				
Other:				
Other:				

CONTROL OF WELL

1. Does the Insured purchase Control of Well Insurance?..... Yes No
If yes, indicate limits and carrier: Limits: _____ Carrier: _____

2. Does the Insured's Control of Well coverage include coverage for Seepage and Pollution from a well out of control? Yes No

3. Does the Insured's Control of Well policy cover all:
Drilling Wells? Yes No
Work-Over and Re-entry Wells? Yes No
Producing, Shut-In, Temporarily Abandoned, and P&A wells? Yes No
If no, please explain: _____

4. Limits purchased for drilling? 1MM 3MM 5MM 10MM Over 10 MM
Limits purchased for producing? 1MM 3MM 5MM 10MM Over 10 MM

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. **(Not applicable to Oregon.)**

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

————— IMPORTANT NOTICE —————

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.