

# Roush Insurance Services, Inc.

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## OIL AND GAS APPLICATION

First Named Insured:	_____
	_____
First Named Insured's Mailing Address:	_____
	_____
	_____
Website Address:	_____

Agency Name:	_____
Agent:	_____
Address:	_____
	_____
E-mail:	_____
Phone:	_____

**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:  IDAC  API  
 Footage:  IDAC  API  
 Turnkey:  IDAC  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**

- How many years of experience? \_\_\_\_\_
- Do you keep copies of Certificates of Insurance from the operator? .....  Yes  No
- Does the operators policy have:  
 "Additional Insured—Working Interest Endorsement"? .....  Yes  No  
 Is the Insured named as an "Additional Insured"? .....  Yes  No
- 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 ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly

makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

\_\_\_\_\_

————— 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.