



Oil & Gas Supplemental Questionnaire

Broker: _____

Insured: _____

Insured Address: _____

Effective Date: _____

Section I Insured Interest

Insured interest in Oil & Gas wells

Owner & Operator:	Yes	No
Non-Operating Working Interest (Investor only):	Yes	No
Lease Operator (No ownership interest):	Yes	No
Development of wells on lease-site via. contract drillers	Yes	No
Other: _____		

Section II Non-Operating Working Interest (Investor Only) Information

Please list the number of wells by % Working Interest

Number of Wells	Percentage Working Interest
_____	0% to 15%
_____	16% to 25%
_____	26% to 50%
_____	Over 50%

Oil & Gas Wells by State:

State	Oil	Gas
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are any wells located in an ocean, bay or other body of water?	Yes	No	If Yes, please explain below
Are any wells located within 1,000 feet of an occupied structure?	Yes	No	If Yes, please explain below
Are any wells located within city limits?	Yes	No	If Yes, please explain below

Insured maintains Certificates of Insurance from well operator?	Yes	No	If No, please explain below
Insured is named as an Additional Insured on the operators' policy?	Yes	No	If No, please explain below

Section III Operator Information

Oil, Gas, Shut-in and Salt Water Disposal Wells by State:

State	Oil	Gas	Shut in	SWD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

of Wells to be Drilled During Policy Period

0 to 5,000 Ft.	_____
5,001 to 10,000 Ft	_____
10,001 to 15,000 Ft.	_____
Greater than 15,000 Ft.	_____
Total	_____

Does the Insured own or operate any gas recovery / processing operations?	Yes	No	If Yes, please explain below
Are any wells located in a railroad right of way?	Yes	No	If Yes, please explain below
Are any wells located in an ocean, bay or other body of water?	Yes	No	If Yes, please explain below
Are any wells located within 1,000 feet of an occupied structure?	Yes	No	If Yes, please explain below
Are any wells located within city limits?	Yes	No	If Yes, please explain below

Years in oil & gas business _____ (If less than 5 years, please provide resume(s) of Principal(s) and/or Partners).

of Employees: _____ Total # of Crew Members (if different) _____

Is there any Jones Act Payroll? Yes No Explain: _____
 Is there any USL&H Payroll? Yes No Explain: _____

Does the Insured Own / Lease any Watercraft? Yes No Explain: _____
 Does the Insured Own / Lease any Aircraft? Yes No Explain: _____

Insured Activities (Circle ALL that Apply and Provide Detail)

Rig & Equipment Hauling	Yes	No	Additional Details: _____
Drilling Mud Hauling	Yes	No	Additional Details: _____
Salt Water Disposal Operations	Yes	No	Additional Details: _____
Pumping & Gauging	Yes	No	Additional Details: _____
Drilling / Re-drilling	Yes	No	Additional Details: _____
Directional Drilling	Yes	No	Additional Details: _____
Fracturing	Yes	No	Additional Details: _____
Perforating	Yes	No	Additional Details: _____
Casing Installation	Yes	No	Additional Details: _____
Acidizing	Yes	No	Additional Details: _____
Wireline Operations	Yes	No	Additional Details: _____
Swabbing	Yes	No	Additional Details: _____
Pipeline Construction	Yes	No	Additional Details: _____
Pipeline Operating	Yes	No	Additional Details: _____
Concrete Work:	Yes	No	Additional Details: _____
Land Clearing / Grading	Yes	No	Additional Details: _____
Tank Cleaning & Painting	Yes	No	Additional Details: _____

Does the Insured follow OSHA standards for promoting a safe workplace?	Yes	No	If No, explain below
Does the Insured have a Certified Drug-Free workplace?	Yes	No	If No, explain below
Does the Insured conduct accident investigations:	Yes	No	If No, explain below
Is the public kept at a safe distance from all of the Insureds work areas?	Yes	No	If No, explain below
Is all equipment maintained in good condition?	Yes	No	If No, explain below
Is the premises in good condition and well maintained?	Yes	No	If No, explain below
Explanation: _____			

Have there been any spills of crude oil, operational or waste product resulting in Pollution claims against the Insured within the last 5 years?	Yes	No	If Yes, explain below
Is the Insured currently involved in any open litigation?	Yes	No	If Yes, explain below
Is the Insured currently aware of any situation that may result in future litigation?	Yes	No	If Yes, explain below
Explanation: _____			

Name

Title

Signature

Date