



CONTROL OF WELL APPLICATION FORM

(Please type or print)

New _____

Renewal ____

Dun & Bradstreet No _____ Tax I.D.No. _____

Insured's Web site Address _____

Period of Insurance: From: _____ To: _____

1. Complete name and current address of Insured:

Contact / Phone: _____

2. Additional Insureds:

3. Describe Insured's business and/or interest with regard to oil and gas wells:

4. Insured is primarily (check one) an ____ operator, ____ a contract operator or a ____ non- operator with a working interest.

5. If the Assured is a Contract Operator, please describe their operations.

6. Does the Assured own Drilling Contractor operations or engage in drilling contractor work for others? If so, please describe their operations.

7. How long in business? _____

8. Limit: _____ CSL A.O.A.O.O.

_____ CSL A.O.A.O.O.

9. Retention: _____ CSD A.O.A.O.O.

_____ Per Section A.O.A.O.O.

10. Standard Coverages include:

- Control of Well
- Sudden & Accidental Seepage and Pollution
- Cost of Redrill and/or Restoration on Replacement Cost basis
- Underground Blowout
- Evacuation Expense
- Making Wells Safe
- Deliberate Well Firing
- Care, Custody & Control - Additional Limit: _____

Deductible: _____

Check options our quotation should include: _____ 130% Cost of Redrill
_____ Removal of Wreck/Debris
_____ Contingent Control of Well for
Drilling Contractor Applicants

Other:

11. Please give total estimate for this year and next year and actual for last year in respect of all proposed Insureds:

	Prior Year	Current Year
A. Annual Receipts or Sales	_____	_____

- B. Gross Drilling Footages _____
- C. Net Drilling Footage _____
- D. Gross Producing footage _____
- E. Net Producing footage _____

12. Please complete attached sheets indicating the following:

- Number of wells to be drilled
- Dry Hole Cost (AFE) of each well to be drilled
- Number of producing wells
- Number of wells to be worked over
- Location of all wells
- Depths of all wells
- Assured's interest in each well

NOTE! For lengthy Producing Well schedules, we can accept e-mailed versions and/or diskettes of schedules if they are formatted in a **Microsoft Excel® spreadsheet**. This will assist greatly in expediting an accurate quote in a quick and efficient manner. Manual summarization of long schedules is no longer possible or efficient. Please call for e-mail address.

13. Please identify or attach separately details of any directional wells which are to be drilled during policy period.

14. Please identify or attach separately details of any horizontal wells to be drilled during the policy period using "Producing While Drilling" techniques:

15. Has Control of Well Insurance been purchased previously? Yes No
 Previous Carriers: _____

16. Has any Insurer ever canceled or refused to renew coverage? (if yes, give details)

17. Provide complete details with regard to any and all OEE losses (insured and uninsured) the Insured has suffered in the past five (5) years (include date, location, type of loss, original gross claim, Insured's interest or net claim, current status of claim).

18. Drilling Contractor(s) Insured planning to use:

19. Types of Drilling Contracts to be Utilized: (Check Where Applicable)

_____ Daywork _____ Footage _____ Turnkey

20. Additional Remarks: _____

The person completing this application on behalf of all persons and/or entities for whom coverage is requested affirms that all the information contained herein is complete and correct to the knowledge of all persons and/or entities who may be covered.

Applicant: _____ Date: _____

Agent: _____ Date: _____

Name and address of Agent: _____

The information herein is for the purpose of obtaining a proposal or quotation for insurance from any one of several insurance companies and creates no obligation on the part of the Insured unless proposal or quotation is offered and accepted.

