



LAND DRILLING RIG PHYSICAL DAMAGE QUESTIONNAIRE

(Please type or print)

Completion of this questionnaire does not obligate AIG Oil Rig to accept risk.
Coverage will commence only when AIG Oil Rig gives notification of binding.

New _____ Renewal ____

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

Period of Insurance: from _____ to _____

1. Complete name and current address of Insured:

Contact/Phone:

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2. Additional Insureds and their relationship to the Primary Assured:

3. Loss Payees:

4. Describe Insured's business and/or interest with regard to onshore oil and gas drilling and/or equipment:

4. Insured is primarily a ___ drilling contractor or a ___ drilling contractor/
operator or a ___ well service contractor.

___ other (please describe) _____

5. How long in business? _____

6. Have there been any changes in ownership in the last 3 years?

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

8. Type of contracts and percentage utilized:

___ Daywork ___% ___ Footage ___% Turnkey ___%

9. Anticipated fleet utilization for the next twelve months ___%.

10. As respects Land Drilling Rigs, please list each rig the Insured has an ownership interest in and indicate the following (see attached form):

- Name
- Manufacturer, Model Name and Serial No.
- Drilling Depth Rating
- Age
- Value (100%)
- Insured's Interest
- Basis of Value (RCV, ACV,)
- What type of process/operation is rig used for? (drilling, workover/servicing).
- Is rig truck or trailer mounted?

11. Any recent surveys or appraisals available?

12. Does Assured move rigs using owned vehicles or are they moved by public carriers?

13. The following are Risk Assessment Issues that need to be addressed as completely as possible for the exposures shown above:

LOSS CONTROL MEASURES

- Integrity of firewater supply (back-up system)
- Gas and fire detection equipment
- Emergency Shut Down valves, location and protection

MANAGEMENT

- Maintenance and inspection of key items
- Work permit procedures
- QA Procedure and Certification
- Safety commitment/loss record
- Emergency/contingency plan
- Monitoring of subcontractors
- Experience of Tool Pushers & Supervisors
- Crew experience and training

14. Limit of Liability (if different from Insured value)

_____ Per Occurrence

_____ Per Occurrence

Deductible _____ Per Occurrence

_____ Per Occurrence

15. Has Physical Damage 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 Land Rig Physical Damage 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. 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.

