



OFFSHORE PHYSICAL DAMAGE QUESTIONNAIRE

(Please type or print)

New _____

Renewal _____

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

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 offshore oil and gas property or equipment:

4. Insured is primarily an _____ operator or a _____ non-operator with a working interest.

_____ other (please describe) _____

5. How long in business? _____

ORAPP1/94

Prior Year

Current Year

6. Annual Receipts or Sales _____

7. Type of property to be insured

___ Offshore Platforms _____ Offshore Pipelines _____ Miscellaneous
Offshore Equipment

8. As respects Offshore Platforms, please list each platform the Insured has an ownership interest in and indicate the following (see attached form):

- Name
- Location by State or Federal Leaseblock
- Age
- Water Depth
- Air Gap
- Construction Type (steel, concrete, etc.)
- No. of piles (legs)
- Value (100%)
- Insured's Interest
- Basis of Value (RCV, ACV, Market, Agreed)
- What type of process/operation is platform used for?
- Will Loss of Production Income Coverage be required? If so, contact AIG Oil Rig for additional information.

9. As respects Offshore Pipelines, please list each pipeline the Insured has an ownership interest in and indicate the following (see attached form):

- Name or Identification
- Length
- Beginning and terminal points
- Age
- Diameter
- Average water Depth
- Is pipeline trenched or not?
- Product transported in pipeline.
- Value (100%)
- Insureds Interest
- Basis of Value (RCV, ACV, Market, Agreed)
- Is any portion of the pipeline exposure onshore? If so, indicate length and approximate value allocation for onshore segment.

10. As respects Offshore Equipment, please provide a schedule of the equipment and indicate the following: (see attached form)

- Identify each item by name and/or description.
- Value (100%) of each item.
- Assureds Interest

- Basis of Value (RCV, ACV, Market Agreed)
- Does Assured own equipment?
- Does Assured lease to or from others?
- If equipment leased to others, is it leased with Assureds employees as operators?
- Where is equipment to be located offshore?
- Will equipment be transported between offshore locations or between onshore and offshore locations?
- Describe method of transport.
- Describe onshore storage facilities, if any, and percentage of time equipment will be located onshore in storage.

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

ENVIRONMENT

- Extreme storm conditions (wind, waves, current, tides).

EXTERNAL FACTORS

- Proximity to shipping lanes.
- Proximity to other pipelines and platforms.
- Political risk/stability.
- Onshore exposure, if any.

LAYOUT AND DESIGN

- Layout to mitigate blast effects (platforms).
- Standard of regulatory requirements, company standards, regulation.
- Pipelines trenched or buried.

CONSTRUCTION AND CONDITION

- Age of property vs. design life

PROCESS HAZARDS

- Capacity (Throughput)/Inventory/Type of process
- Compression/drilling/production/injection oil or gas platform or equipment
- Blow out risk; status of wells (producing, abandoned, shut in, drilling)

LOSS CONTROL MEASURES

- Integrity of firewater supply (back-up system)/protection of firewater caisson designated to NFPA standards
- Control room position/protection
- Gas and fire detection equipment

- Emergency Shut Down valves, location (topside/seabed) and protection
- Riser 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

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

_____ Per Occurrence

_____ Per Occurrence

Deductible _____ Per Occurrence

_____ Per Occurrence

13. Has Physical Damage Insurance been purchased previously? ____ Yes ____ No

Previous Carriers: _____

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

15. Provide complete details with regard to any and all Offshore 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).

16. 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.