

OIL & GAS DRILLING CONTRACTOR QUESTIONNAIRE

Dependent upon state authority, you are applying for insurance coverage provided by and underwritten by one of the following insurance companies of ARGO GROUP US:

COLONY INSURANCE COMPANY ▪ COLONY SPECIALTY INSURANCE COMPANY

1. Name of Applicant: _____
(Note: If there is more than one Named Insured, please provide the ownership and the percentage of ownership for each owner, along with a detailed description of all operations for each Named Insured.)

2. Years of experience as Drilling Contractor: _____
(If this is a new venture, please include details of the applicant's experience, including a copy of the applicant's resume or a summary of the applicant's professional qualifications.)

3. Number of years in business? _____

4. Number of field operations employees? _____

5. Field Operations Gross Sales: _____ Gross Payroll: _____

Operation	Direct Sales	Subcontracted Costs
Cementing		
Electrical		
Instrument Logging		
Mechanical		
Mud Logging		
Rathole Drilling		
Rig Moving		
Rig Erection & Dismantling		
Running Casing		
Site Preparation		
Welding		
Wireline Services		
Other:		

6. Do you require all subcontractors to sign and have a Master Service Agreement (MSA) on file with your office? If yes, what form of MSA do you use? Yes No
 IADC API Other (copy attached)

7. How are your drilling operations contracted? IADC API Other (copy attached)

8. Footage _____% Daywork _____% Turnkey _____%

9. Which of the following do you require from your subcontractors?

- Certificates of Insurance
- Additional Insured status for yourself on subcontractor's insurance
- Waiver of Subrogation
- Limits of Insurance _____
- Other (specify): _____

10. Do you have a formal/written safety program? Yes No
11. What are the number of rigs owned by you: Active _____ Non-Active _____
12. What is the maximum depth of drilling: _____ Feet
13. What is the average depth of drilling: _____ Feet
14. What is the % of operations offshore or over-the-water (including swamps, marshes, bogs, etc.)? _____ %
15. Do you hire any lease employees? Yes No
16. Do you carry Workers Compensation Insurance for your employees? Yes No
17. Please provide the number of wells drilled in the last year by depth:
 0' to 5,000' _____ 5,000' to 7,500' _____ 7,501 to 12,000' _____ over 12,000' _____
18. Please provide the number of wells expected to be drilled in the coming year by depth:
 0' to 5,000' _____ 5,000' to 7,500' _____ 7,501' to 12,000' _____ over 12,000' _____

**GENERAL FRAUD STATEMENT
 (Not applicable in all states)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE