



1. Please complete and save this document to your local computer.
2. Completely answer all questions. The information requested is in addition to that which you provide in the appropriate ACORD application(s).
3. If you require more space, please either complete an ACORD 101 or attach separate pages showing the applicable question number you are responding to. Make sure your company name appears at the top.
4. This supplemental application must be signed and dated by an authorized representative of the applicant.
5. Please verify your information before signing and forwarding to your agent or broker.



Please complete the indicated pages as noted below:

General Information Supplemental Application	<input type="checkbox"/>Page 2, 3
Automobile Supplemental Application	<input type="checkbox"/>Page 4
Equipment Dealer Supplemental Application	<input type="checkbox"/>Page 5
Equipment Rental Supplemental Application	<input type="checkbox"/>Page 6
Pipeline Supplemental Application	<input type="checkbox"/>Page 7
Well Servicing Supplemental Application	<input type="checkbox"/>Page 8
Lease Work By Contractor Supplemental Application	<input type="checkbox"/>Page 9



Company Name: _____
Date: _____

1. Total number of field employees _____

2. Do you lease employees Yes No

3. Annual turnover percentage _____%

4. Do you perform work offshore or sell products to be used offshore? Yes No

5. Who are your 3 largest customers?

6) Historical sales last 3 years

7) Do you have any plans over the next year to start new operations you don't currently perform? If so, what?

Safety

1. Do you have a full time safety director? Yes No

2. How often do you hold safety formal safety meetings? _____

3. Do you hold tailgate meetings prior to each tour/shift? Yes No

4. Do you perform a formal and documented JSA prior to beginning a job? Yes No

5. What percentage of employees have less than 1 year experience in their current position ____%

6. Please describe your new employee training protocols:

7. How often do you perform drug and alcohol testing on your employees?
 Pre-hire Annual Semi-annual Post Accident Random

8. Do you have a light duty/return to work program? Yes No

9. Have you received any OSHA violations for employees' injuries? Yes No

Contractual Risk Transfer

1. What is your internal process for reviewing indemnity provisions within the MSA's you sign with operators?

2. Who within your company is authorized to change or accept indemnity provisions within MSA's besides your minimum standard of acceptable language? _____

3. What are your minimum acceptable indemnity provisions you are willing to sign with operators/general contractors?

a) Unilateral (you provide Hold Harmless, Additional Insured status, and/or Waiver of Subrogation without also requiring the operator to do the same for you): _____% of the time signed

b) Mutual Indemnity (knock for knock, indemnity provisions required of each other are identical): _____% of the time signed

c) Other: _____% of the time signed

If other, please describe:

If you use subcontractors, what indemnity provisions do you require of them?

Additional Insured WOS HH

4. What limits do you require of your subs:

\$1,000,000 \$5,000,000 other \$_____

5. Do you maintain a preferred contractors list? Yes No

6. What work do you expect to sub out this year?

7. Do you have a formal certificate review and maintenance program in house? Yes No

8. Do you use a third party certification company to maintain sub-contractor compliance? Yes No



1. Do you have written driver acceptability criteria? Yes No

Does your driver criteria meet or exceed the below? Yes No

- No DUI/DWI
- Less than 3 moving violations within the last 3 years
- Must have a valid and in-force license

How often do you review employee MVR's:

- Prehire Quarterly Semi Annually Post Accident Do Not pull MVRs
- Other _____

Who within your company is responsible for reviewing MVR's and determining driver acceptability?

- Employee (provide name and title) _____
- Insurance Agent Insurance Company Other _____

Under what circumstances do you make exceptions to your driver acceptability standards:

How many times within the last 12 months have you made an exception? _____

2. When is the last time you disciplined or fired an employee for violating your fleet safety program?

Situation: _____

Date: _____

3. What percentage of employees is allowed to take vehicles home while off the clock? _____%

Are employees allowed to use company vehicles for personal use? Yes No

Are family members allowed to use company vehicles for personal use? Yes No

4. What percentage of employees uses their own personal autos for company business? _____%

Do you require they provide you with certificates of insurance evidencing minimum personal auto liability coverage of \$100,000? Yes No

5. Do you have a written cell phone and texting policy? Yes No

What limitations does it apply while using a vehicle?

Are employees required to sign the cell phone and personal use policy? Yes No



1. Please describe the type of NEW equipment you sell:

2. Please describe the type of USED equipment you sell:

3. For new equipment, do you receive Vendors Coverage (additional Insured status, waiver of subrogation, and hold harmless) from the manufacturer on all equipment you sell?

Yes No Some

If 'some', please describe which equipment you DO receive vendor's coverage from the manufacturer:

4. For used equipment, does your company perform any quality or integrity testing of the equipment before it is sold?

Yes No

5. Do you provide a certification or warranty for the equipment before it is sold?

Yes No

6. Do you take possession of the new equipment prior to deliver to the customer?

Yes No

7. Do you sell products that will be used offshore?

Yes No

8. Do you sell any products that will be used in refineries or gas plants?

Yes No

9. Do you fabricate or repair equipment before it goes to the customer?

Yes No

10. Do your employees deliver the product/equipment?

Yes No

11. Do your employees perform any installation of the product/equipment on the customer's site?

Yes No

12. Do you sell product/equipment to foreign companies?

Yes No



1. Please describe the type of equipment you rent:

2. Do you require customers to sign a rental agreement or MSA? Yes No

What do you require your customers provide you in the rental agreement or MSA:

- Additional Insured status on their policy
- Waiver of subrogation
- Hold Harmless
- Other

If 'other', please describe _____

3. Does your company perform any quality or integrity testing of the equipment before it is rented? Yes No

4. How is equipment inspected, repaired, tested, certified after it comes back from the field/customer?

5. Do you keep written records of the quality control/testing/repair results? Yes No
How long are records kept? _____ Years

6. Do you rent any products that will be used offshore? Yes No

7. Do you rent any products that will be used in refineries or gas plants? Yes No

8. Do your employees deliver the product/equipment? Yes No

9. Do your employees perform any installation of the product/equipment on the customer's site? Yes No

10. Do you sell product/equipment to foreign companies? Yes No



1. Estimated breakout of operations: ____% New Construction ____% Repair

2. Type of lines worked on (estimated):

____% Natural Gas	____% Crude Oil
____% Salt Water;	____% Refined Products
____% for Municipalities	____% Telecommunications
____% Other (describe _____)	

3. Estimated breakout of pipe diameter constructed or repaired

____% Less than 8"	____% 9" - 12"
____% 12" - 24"	____% 24" - 36"
____% greater than 36"	

4. Estimated average and maximum length of line constructed:

_____ Average Feet Miles
 _____ Maximum expected Feet Miles

5. Do you construct or repair pipeline designed to supply product to the end user? Yes No

6. Do you construct or repair pipeline within city limits? Yes No

7. Do you enter any agreements for the responsibility of maintaining a length of pipeline for a specified amount of time? Yes No

8. Do you perform any hot taps? Yes No We subcontract it out

9. Do you perform any boring under roads or railroads? Yes No We subcontract it out

10. Do you perform any boring under rivers or lakes? Yes No We subcontract it out

11. Do you perform any work within the fences of a refinery or plant? Yes No

If Yes, what percentage of your annual revenue will this comprise ____%
Scope of work performed: _____

12. Are all welders either ASME or API certified? Yes No

13. Are all employees OQ certified? Yes No

14. Do you use Union labor? Yes No

15. Please attach a prior jobs and upcoming bid list, if possible.



1. What operations do you perform (check all that apply):

	For Yourself	For Others		For Yourself	For Others
Perforating	<input type="checkbox"/>	<input type="checkbox"/>	Cementing	<input type="checkbox"/>	<input type="checkbox"/>
Logging	<input type="checkbox"/>	<input type="checkbox"/>	Casing Pulling/Setting	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	Fracturing	<input type="checkbox"/>	<input type="checkbox"/>
Rods/Tubing Pulling	<input type="checkbox"/>	<input type="checkbox"/>	Well Deepening	<input type="checkbox"/>	<input type="checkbox"/>
Acidizing	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum Truck	<input type="checkbox"/>	<input type="checkbox"/>
Hot Oil	<input type="checkbox"/>	<input type="checkbox"/>	Drilling	<input type="checkbox"/>	<input type="checkbox"/>
Swabbing	<input type="checkbox"/>	<input type="checkbox"/>	Other (fill in below)	<input type="checkbox"/>	<input type="checkbox"/>

Other:

2. Rig Count Active _____ Stacked _____

3. Please describe your geographic scope of operations (formations and/or county, state)

4. Are your tool pushers and/or supervisors well control certified? Yes No

5. What is the minimum amount of experience or training that employees must have before working on the rig floor?

6. What is the average and maximum depth of well you expect to work on over the next year:

Average _____ ft Maximum _____ ft

7. Average age of rigs _____

8. What are your rig maintenance procedures?



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SUPPLEMENTAL
APPLICATION**
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1. Please provide the breakout of your operations by annual estimated sales:

Site Prep/Dirt Work	_____%	Painting	_____%
Tank Battery Install/Repair	_____%	Safety Training	_____%
Pump Jack install/repair	_____%	Nipple Up	_____%
Separator/Heat Treater install/repair	_____%	Trucking for 3rd parties	_____%
Gathering Line Construction/Repair	_____%	Welding (not included in the above)	_____%
Site/Pad Liners	_____%	Sandblasting	_____%
Other (describe below)	_____%		

Other:

2. What percentage of your sales is for work on pipeline over 8" in diameter? _____%

3. Do you perform any hot taps? Yes No

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 COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV - see Additional Fraud Notices attached hereto for these States).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents and warrants that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency Name

Agency Code

License Number

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.

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