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 www.gasinsurance.net

## Oil & Gas Contractors Supplemental Application

### General Information

Proposed Effective Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_  
 (If more than one – please provide a % of ownership for each name.)

Form of business:  Individual  Corporation  LLC  Partnership  Other \_\_\_\_\_

Date business started: \_\_\_\_\_ Number of years you have operated under this name: \_\_\_\_\_

Please provide any other name(s) you have used previously as well as details of such operations: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

If insured has multiple locations, what is the Home State? \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Web Address (if available): \_\_\_\_\_

States in which you work: \_\_\_\_\_

Years of experience in the field: \_\_\_\_\_  
 (If less than 5 years, please attach resume.)

### Exposure Information

Gross receipts projected next twelve months: \_\_\_\_\_

First prior year: \_\_\_\_\_

Second prior year: \_\_\_\_\_

Number of Owners/Officers of the company: \_\_\_\_\_

Annual Employee Payroll projected for the next twelve months: \_\_\_\_\_

First prior year: \_\_\_\_\_

Second prior year: \_\_\_\_\_

Type of Work	% of Operations	Payroll	Receipts
Cementing			
Cleaning/Swabbing			
Rig Erection/Dismantling			
Fracturing			
Acidizing			
Hot Oil Works			
Casing Installation/Recovery			
General Site Preparation			
Well Logging Services			
Perforation Services			
Equipment Rental			
Fishing Contractors			

Trucking			
Welding			
Fabrication/Manufacturing			
Pumper/ Gauger Operations			
Wireline Services			
Flowback Work			
Geophysical Exploration			
Drilling			
Roustabout			
Tank Battery Erection			
Pipe Line Construction			

Other Operations: \_\_\_\_\_

Non-Oilfield Related Operations?  Yes % \_\_\_\_\_  No

Details of Non-Oilfield Related Operations: \_\_\_\_\_

Any operations performed in the following states?

New York?  Yes  No

California?  Yes  No

Nevada?  Yes  No

Does the insured perform any operations:

Over the hole?  Yes % \_\_\_\_\_  No

In plants or refineries?  Yes  No

Offshore?  Yes  No

In any body of water?  Yes  No

Within 1000 feet of occupied structures?  Yes  No

If yes, please explain: \_\_\_\_\_

On reservations or tribal lands?  Yes % \_\_\_\_\_  No

### Welding Information

Type of Work	% of Operations	Payroll	Receipts
Acetylene Welding			
Hydrogen Welding			
Electric Welding			
Arc Welding			
Other			

Does the insured do welding on pipelines or containers which have previously carried, or still carry any flammable liquids or gas?  Yes  No

Is the Applicant responsible for closing any valves and/or bleeding pipelines?  Yes  No

Is the Applicant responsible for testing containers to ensure that they are safe for welding operations?  Yes  No

Does the applicant perform welding operations on live lines?  Yes  No

If yes, who is responsible for shutting down gas lines? \_\_\_\_\_

Does the Applicant perform any of the following welding services?

Grain Elevators?  Yes  No

Trailer Hitches or Autos?  Yes  No

Pipe Threading?  Yes % \_\_\_\_\_  No

Fabrication/Reconditioning of Equipment?  Yes  No

If yes, please explain: \_\_\_\_\_

Hand/Guard Rails or similar structural components?  Yes  No

**Trucking Information (if hauling for others)**

What types of materials are transported? \_\_\_\_\_

Does the Insured haul any hazardous materials?  Yes  No

If yes, please explain: \_\_\_\_\_

Number of Drivers? \_\_\_\_\_

Drivers' Payroll? \$ \_\_\_\_\_

Terminal Employee Payroll? \$ \_\_\_\_\_

Clerical Payroll? \$ \_\_\_\_\_

**Sub-Contractors Information**

Do you hire Sub-Contractors?  Yes  No

Are MSA's used with sub-contractors?  Yes  No

\*\*\*Must have a copy of the MSA to bind coverage\*\*\*

Are they Insured or Uninsured sub-contractors?  Insured  Uninsured

Are Certificated of Insurance required and maintained on file?  Yes  No

Are required minimum limits of liability coverage equal to your own?  Yes  No

Do you require that they have coverage for underground property damage?  Yes  No

Do you require that they have coverage for pollution hazards?  Yes  No

Are you named as an Additional Insured with Waiver of Subrogation on the contractor's CGL policy?  Yes  No

Annual Sub-Contractor Cost \$ \_\_\_\_\_

**Employment Practices/Safety Program**

Total number of employees \_\_\_\_\_

Percentage of turnover in the last 12 months \_\_\_\_\_

Are applications reviewed prior to employment?  Yes  No

Are references checked prior to hiring?  Yes  No

Are physical exams done prior to hiring?  Yes  No

Is the safety program in writing?  Yes  No

Is safety given to all employees?  Yes  No

How often are safety meetings held? \_\_\_\_\_

Do you use an emergency response/spill prevention plan?  Yes  No

When was it last updated? \_\_\_\_\_

Do all employees receive training regarding duties in the event of a pollution incident?  Yes  No

Are pre-employment MVR's run on all employees in driving positions and maintained on file?  Yes  No

Are MVR's reviewed annually?  Yes  No

Is drug and alcohol testing performed?  Yes  No

Pre-Employment  Post-Accident  Reasonable Suspicion  Random

How are employees and equipment operators trained? \_\_\_\_\_

What is the average experience of the operators? \_\_\_\_\_

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date