

# CENTURY SURETY COMPANY

## OIL & GAS SUPPLEMENTAL QUESTIONNAIRE (Complete in addition to an Acord Application)

1. Name: \_\_\_\_\_

2.. List all states where Applicant has any operations: \_\_\_\_\_

### SUBCONTRACTOR INFORMATION:

Subcontractors used? Yes  No

Certificates of Insurance: Yes  No

Limits of Liability Required: \$ \_\_\_\_\_

### CONSULTANTS / ENGINEERS:

1. Does firm carry Professional Liability: Yes  No

2. Description of all operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you involved in any offshore work? Yes  No

4. Do you manage, supervise, or direct the work of others? Yes  No  If yes. Provide details on the type of work you manage or supervise. \_\_\_\_\_  
\_\_\_\_\_

5. Are you responsible for hiring subcontractors? Yes  No  If yes, describe type(s) of work subcontracted \_\_\_\_\_

6. Describe the extent of your supervision of these subcontractors. \_\_\_\_\_  
\_\_\_\_\_

### OILFIELD CONTRACTING / SERVICING:

**Insured Operations consist of: (Check all operations you or your employees perform)**

	<u>Payroll</u>	<u>Sub Cost</u>	<u>Receipts</u>
<input type="checkbox"/> Gasoline Recovery - Casing head or Natural Gas	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Oil or Gas Lease Work by contractors - not lease operators	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Salt water Recovery / Disposal	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mud Engineers	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Oil or Gas Wells - Acidizing	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Oil or Gas Wells - Cementing	\$ _____	\$ _____	\$ _____

Oil or Gas Wells - Cleaning or Swabbing by Contractor \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Oil or Gas Wells - Cleaning or Swabbing by Contractor within the limits of any town or city, on the right-of-way of any railroad \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Oil or Gas Wells - Drilling / Redrilling \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

a) Number of rigs? \_\_\_\_\_

b) Maximum Depth of drilling? \_\_\_\_\_

c) Average depth of wells? \_\_\_\_\_

d) How many new wells will be drilled? \_\_\_\_\_

e) Does insured do any horizontal drilling? Yes  No

f) Describe geographical area of operation. \_\_\_\_\_

g) Any exposure to lakes, rivers, marshes, oceans, bays or gulfs? Yes  No

Oil or Gas Wells - Drilling / Redrilling - within the limits of any town or city, on the right-of-way of any railroad? \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

a) Is area protected by fencing or barricades and posted to prevent unauthorized access? Yes  No

Instrument logging or survey work in wells \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Oil of Gas Wells - perforating of casing \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Oil of Gas Wells - Servicing by Contractor \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Hot Oilers \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Oil or Gas Wells - Shooting \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Oil Rig or Derrick erecting or Dismantling - wood or metal \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Painting of Tanks \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Pipeline Construction - Oil or Gas \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

a) What is maximum diameter of pipe? \_\_\_\_\_

b) Length of pipeline? \_\_\_\_\_

c) Type of terrain? Do lines cross over, through or under any waterways, railroads or roadways? \_\_\_\_\_

Sandblasting \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

a) Any work done in refineries? Yes  No

Welding or Cutting - oil or gas \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

a) Any work in refineries? Yes  No

Other - Describe \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**OIL or GAS WELLS OPERATOR / NON OPERATOR - SALTWATER DISPOSAL WELLS - PIPELINE OPERATION:**

**OPERATORS:**

- Number of producing Wells - Oil \_\_\_\_\_ Gas \_\_\_\_\_
- Number of Plugged, Shut-in or Abandoned Wells \_\_\_\_\_
- Number of Saltwater Disposal Wells \_\_\_\_\_
- Number of Wells Within Limits of any city, town, or right-of-way of any railroad \_\_\_\_\_
  - a) Are these fenced and posted to prevent unauthorized access? Yes  No
- Maximum Depth of Wells \_\_\_\_\_ Average Depth of Wells \_\_\_\_\_

**NON - OPERATORS:**

- Number of Producing Wells - Oil      0-25% \_\_\_\_\_ 26-50% \_\_\_\_\_ over 50% \_\_\_\_\_
  - Gas      0-25% \_\_\_\_\_ 26-50% \_\_\_\_\_ over 50% \_\_\_\_\_
- Number of Plugged, Shut-in or Abandoned Wells \_\_\_\_\_
- Number of Wells Within Limits of any city, town, or right-of-way of any railroad \_\_\_\_\_
  - a) Are these fenced and posted to prevent unauthorized access? Yes  No
- Maximum Depth of Wells \_\_\_\_\_ Average Depth of Wells \_\_\_\_\_

**PIPELINE OPERATION**

- Type - Oil  Gas
- a) Age of system \_\_\_\_\_
- b) Type of pipe \_\_\_\_\_
- c) Diameter of pipe \_\_\_\_\_ Pressure \_\_\_\_\_
- d) Miles of below ground pipe \_\_\_\_\_ Miles of above ground pipe \_\_\_\_\_
- e) Miles of Oil \_\_\_\_\_ Miles of Gas \_\_\_\_\_
- f) Type of terrain? \_\_\_\_\_ Do lines cross over, through or under any waterways, railroads or roadways? Yes  No
- g) Frequency & Type of inspection \_\_\_\_\_
- h) Where does pipeline run? From \_\_\_\_\_ To \_\_\_\_\_

**OIL OR GAS WELLS SUPPLIES OR EQUIPMENT DEALERS**

- Gross Sales \$ \_\_\_\_\_
- a) Any sale of used supplies or equipment? Yes  No  Percent of Gross Sales \_\_\_\_\_%
- b) Any installation, servicing or repair work? Yes  No  Percent of Gross Sales \_\_\_\_\_%
- c) Any machine shop work? Yes  No  Percent of Gross Sales \_\_\_\_\_%

**PROPERTY**

- Property in the Open
  - a) What type of equipment is being stored in the open? \_\_\_\_\_
  - b) How is it protected? \_\_\_\_\_
  - c) How far from the building is the equipment yard? \_\_\_\_\_

**TRUCKER - OIL OR GAS**

Trucking (include payroll for all drivers) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

- a) What are they hauling? \_\_\_\_\_
- b) What is maximum capacity of tankers being used? \_\_\_\_\_
- c) Are they operating strictly from oilfield to distribution point or refinery? \_\_\_\_\_

**PROPERTY**

- a) What type of flammables are stored on premises? \_\_\_\_\_
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The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

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

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_