



OIL & GAS DRILLING CONTRACTOR QUESTIONNAIRE

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. Mailing Address: _____

3. Location Address: _____

4. 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.) _____

5. Number of years in business? _____

6. Number of years of experience of Principals of the Operations? _____

7. Number of field operations employees? _____

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

<u>OPERATION</u>	Direct	Subcontracted
Cementing	_____	_____
Electrical	_____	_____
Instrument Logging	_____	_____
Mechanical	_____	_____
Mud Logging	_____	_____
Rathole Drilling	_____	_____
Rig Moving	_____	_____
Rig Erection & Dismantling	_____	_____
Running Casing	_____	_____
Site Preparation	_____	_____
Welding	_____	_____
Wireline Services	_____	_____
Other: _____	_____	_____

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

10. 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
 [] Other _____

11. What limits of insurance do you require for subcontractors? _____

12. Do you have a formal/written safety program? No Yes

13. What are the number of rigs owned by you: Active_____ Non-Active_____
14. What is the maximum depth of drilling:_____ Feet
15. What is the average depth of drilling: _____Feet
16. What is the percentage of operations offshore or over-the-water (including swamps, marshes, bogs, etc.)? _____
17. Do you hire any lease employees? No Yes
18. Do you carry Workers Compensation Insurance for your employees? No Yes
19. 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'_____
20. 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' _____
21. How are your drilling operations contracted? [] IADC [] API [] Other (copy attached)
22. Footage_____% Daywork_____% Turnkey_____%

* 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.

* not applicable in all states

Signature and title of Applicant: _____ Date:_____

Signature of Producer: _____ Date:_____