

Instructions for Completing this Application

- Answer all questions completely.
- Have the Application signed and dated by an authorized corporate officer.
- Provide resumes for the principals and key employees.
- Provide currently valued loss runs for the past five (5) years.

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE POLICY. THE LIMITS OF LIABILITY ARE REDUCED BY CLAIMS EXPENSE AND CLAIMS EXPENSE SHALL BE APPLIED TO THE SELF INSURED RETENTION. PLEASE READ THE POLICY CAREFULLY.

Applicant Information

1. Applicant Name: _____

◦ Address: _____

2. The Applicant has been in business since: _____ / _____
(Month) (Year)

3. Business:

Corporation Limited Liability Company (LLC) Partnership Sole Proprietorship

Other: _____

Business Information

4. Personnel: (Includes "1099 Employees" / Independent Contractors)

	Drilling Consultants	Engineers	Land Surveyors	Other	Total
Principals					
Staff					
Total					

5. Geography: (Please provide the percentage of your firm's gross fees attributable to the following)

◦ USA: _____ % ◦ Canada: _____ % ◦ Other: _____ %

6. Do you require your sub-contractors to have insurance? Yes No

7. Do you provide services offshore or have any offshore or subsea exposure? Yes No

8. Do you work on oil & gas transmission pipelines? Yes No

9. Do you work on disposal wells? Yes No

10. Gross Revenue: (Please provide your firm's Gross Revenue for the following years. Gross Revenue means your firm's entire gross revenue not including interest income. Do not subtract costs of sub-contractors)

	Next Year	Current Year	Last Year	2 Years Ago
Date:	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
Gross Revenue:	\$	\$	\$	\$

11. Professional Disciplines: (Please provide the percentage of your firm's gross fees attributable to the following disciplines. The total should equal 100%)

Well Drilling Consulting	%	Well Design	%	Chemical Engineering	%
Production Consultant	%	Site Preparation	%	Environmental Engineering	%
Other:	%	Other:	%	Other:	%

12. Contracts: (Please provide the percentage of your firm's gross fees attributable to the following types of contractors. The total should equal 100%)

Your Standard Contract	%	Master Service Agreement	%	Other:	%
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13. Claims: (Please answer the following and include additional material if necessary)

- a. During the past five (5) years has the Applicant or any director, officer, employee, or other proposed Insured given notice under the provisions of any liability policy of specific facts or circumstances which might give rise to a claim being made against any Applicant? Yes* No

o If Yes, attach details.

- b. During the past five (5) years, have any loss payments been made on behalf of any proposed Applicant under any liability policy or similar insurance? Yes No

- c. Does the Applicant, director, officer, employee, or other proposed insured have knowledge or information of any fact, circumstance, situation, or event which could give rise to a claim in the future? Yes* No

o If yes, please explain:

14. Insurance: (Please answer the following)

- a. Has any insurer declined, cancelled or refused to renew and similar insurance for you firm or any predecessor firm? (N/A in Missouri) Yes* No

o If yes, please explain:

- b. Has similar insurance been issued to the Applicant? Yes* No

o If yes, please complete:

Insurance Company	Premium	Limit of Liability	Deductible	Effective Date
	\$	\$	\$	MM/DD/YYYY

- c. What is the retroactive date? o Month: _____ / Day: _____ / Year: _____ o Full Prior Acts o None

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE UNDERWRITER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HERewith INCLUDING ANY WEBSITES ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE UNDERWRITER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE UNDERWRITER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S) HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD. WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE INCLUDING ATTACHMENTS AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

Signed: _____

(Must be signed by corporate officer with authority to sign on Applicant's behalf)

Date: _____

Month
(MM)

Day
(DD)

Year
(YYYY)