



PROGRAM UNDERWRITERS

Energy Select Insurance Program
Lease Operator & Non-Operator Supplemental

APPLICANT INFORMATION

Named Insured:

Street Address: City/State: Zip Code:

Mailing Address (if different from above):

Effective Date: Expiration Date:

FEIN #: Years in Business:

Years & type of experience:

EXPIRING INSURANCE INFORMATION

Table with 4 columns: Carrier, Limits, Premium, Effective Dates, and sub-columns for General Liability, Business Auto, and Umbrella.

GENERAL INFORMATION

- 1. # of Employees:
2. Estimated Payroll:
3. Estimated Receipts:
4. Any work outside of the Oil & Gas Industry:
5. Any operations performed over water or marshy areas:
6. Refinery or Petrochemical Work:
7. Any exposure or operations outside the U.S.?
8. Do you have Control of Well Coverage in Place?

NON-OPERATING WORKING INTEREST (Please provide a well schedule)

- 1. Are Certificates of insurance required from the lease operator:
2. Are you named as an Additional Insured on the Lease Operators Policy or does the operator's policy have the "additional Insured-Working Interest" Endorsement:

Table for well schedule with columns: State, Oil, Gas, Saline, Plugged, WI%

**4. Indicate the Number of Non-Operated Wells To Be Drilling & your working Interest:**

State	Oil	Gas	Saline	Depth	W1%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**5. Any Wells within City Limits/Towns?**

Yes  No

If yes, please complete the following:

Name	Location	Surrounding Exposure	Fenced/Diked?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**6. Any Wet Wells?**

Yes  No

**7. Any Hydrogen Sulfide Wells:**

Yes  No

**8. Any wells in Railroad Right-of-ways?**

Yes  No

**9. Do you have any working interest in any gas processing, gasoline recovery plants, refineries, or gas sweetening plants:**

Yes  No

**LEASE OPERATOR (please provide well Schedule)**

**1. Indicate the Number of Producing Wells:**

State	Oil	Gas	Depth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. Indicate the Number of Saline Wells:**

State	Oil	Gas	Depth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. Indicate the Number of Plugged and Abandoned/Shut-in Wells:**

State	Oil	Gas	Depth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. Indicate the Number of Producing Wells To Be Drilling:**

State	Oil	Gas	Saline	Depth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**5. Any Wells within City Limits/Towns?**

Yes  No

If yes, please complete the following:

Name	Location	Surrounding Exposure	Fenced/Diked?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**6. Any Wet Wells?**

Yes  No

**7. Any Hydrogen Sulfide Wells:**

Yes  No

**8. Any wells in Railroad Right-of-ways?**

Yes  No

**9. Do you operate any gas processing, gasoline recovery plants, refineries, or gas sweetening plants:**

Yes  No

**PIPELINE/TRANSMISSION LINE/FLOW LINE INFORMATION**

**1. Does the pipeline/transmission line/flow line supply any end users:**

Yes  No

If Yes, whom? \_\_\_\_\_

**2. Does the pipeline/transmission line/flow line transport only your products?**

Yes  No

**3. What is the age of the pipeline/transmission line/flow line?**

\_\_\_\_\_

**4. Number of Miles of pipeline/transmission line/flow line:**

\_\_\_\_\_

**5. Diameter of Pipeline:**

\_\_\_\_\_

**6. Maximum Pressure of the pipeline/transmission line/flow line:**

\_\_\_\_\_

**7. If buried, how deep is the pipeline/transmission line/flow line underground?**

\_\_\_\_\_

**8. Does the pipeline/transmission line/flow line run through any populated areas?**

Yes  No

If yes, where? \_\_\_\_\_

**9. Does the pipeline/transmission line/flow line cross any railways, roadways, or bodies of water?**

Yes  No

If yes, give details as to where & how many miles: \_\_\_\_\_

**10. Who is responsible for the maintenance of the pipeline/transmission line/flow line?**

\_\_\_\_\_

**11. How often is the pipeline/transmission line/flow line inspected?**

\_\_\_\_\_

**12. What freeze protection/procedures are in place to prevent/minimize pipe bursts?**

\_\_\_\_\_

**SAFETY PROGRAM**

- 1. Full Time Safety Director:  Yes  No
- 2. Written Safety Program in place:  Yes  No
- 3. Required Meetings:  Yes  No
- 4. How Often: \_\_\_\_\_
- 5. Are H2S Monitors Mandatory?  Yes  No
- 6. Do you have a Fire prevention procedure in place while working in the field?  Yes  No

**HIRING PROCEDURES**

- 1. Drug Screening:  Yes  No
- 2. How Often:  Random  Annually
- 3. MVR Check:  Yes  No
- 4. Prior Experience:  Yes  No
- 5. How Many Years: \_\_\_\_\_

**INDEPENDENT SUB-CONTRACTORS (Copy of MSA will be required at binding)**

- 1. Type of Operations Subbed Out: \_\_\_\_\_
- 2. Sub Costs: \_\_\_\_\_
- 3. % Subbed Out: \_\_\_\_\_
- 4. Limits Required for Your Subcontractors:
  - General Liability: \$ \_\_\_\_\_
  - Business Auto: \$ \_\_\_\_\_
  - Umbrella: \$ \_\_\_\_\_
- 5. When Hiring Do You:
  - Obtain Certificates of Insurance:  Yes  No
  - Require to be Named as Additional Insured:  Yes  No
  - Obtain Waiver of Subrogation:  Yes  No
  - Obtain Hold Harmless Agreements:  Yes  No
  - Verify all hired Subcontractors carry WC:  Yes  No
  - Require the contractor to sign a MSA?  Yes  No

\_\_\_\_\_ IADC    \_\_\_\_\_ AOSC    \_\_\_\_\_ API    \_\_\_\_\_ Other

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

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

**AmWINS Program Underwriters**  
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