

Tim Parkman, Inc. □
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Oil & Gas Supplemental Questionnaire

Broker: _____
 Insured: _____
 Insured Address: _____
 Effective Date: _____

Section I Insured Interest

Insured interest in Oil & Gas wells

Owner & Operator:	Yes	No
Non-Operating Working Interest (Investor only):	Yes	No
Lease Operator (No ownership interest):	Yes	No
Development of wells on lease-site via. contract drillers	Yes	No
Other: _____		

Section II Non-Operating Working Interest (Investor Only) Information

Please list the number of wells by % Working Interest

Number of Wells	Percentage Working Interest
_____	0% to 15%
_____	16% to 25%
_____	26% to 50%
_____	Over 50%

Oil & Gas Wells by State:

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

Are any wells located in an ocean, bay or other body of water? Yes No If Yes, please explain below
 Are any wells located within 1,000 feet of an occupied structure? Yes No If Yes, please explain below
 Are any wells located within city limits? Yes No If Yes, please explain below

Insured maintains Certificates of Insurance from well operator? Yes No If No, please explain below
 Insured is named as an Additional Insured on the operators' policy? Yes No If No, please explain below

Section III Operator Information

Oil, Gas, Shut-in and Salt Water Disposal Wells by State:

State	Oil	Gas	Shut in	SWD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

of Wells to be Drilled During Policy Period

0 to 5,000 Ft. _____
 5,001 to 10,000 Ft. _____
 10,001 to 15,000 Ft. _____
 Greater than 15,000 Ft. _____

Total _____

Does the Insured own or operate any gas recovery / processing operations? Yes No If Yes, please explain below
 Are any wells located in a railroad right of way? Yes No If Yes, please explain below
 Are any wells located in an ocean, bay or other body of water? Yes No If Yes, please explain below
 Are any wells located within 1,000 feet of an occupied structure? Yes No If Yes, please explain below
 Are any wells located within city limits? Yes No If Yes, please explain below

Years in oil & gas business _____ (If less than 5 years, please provide resume(s) of Principal(s) and/or Partners).

Of Employees: _____ Total # of Crew Members (if different) _____

Is there any Jones Act Payroll? Yes No Explain: _____
 Is there any USL&H Payroll? Yes No Explain: _____

Does the Insured Own / Lease or charter any Watercraft? Yes No Explain: _____
 Does the Insured Own / Lease any Aircraft? Yes No Explain: _____
 Any oilfield equipment valued over \$250,000? Yes No Explain: _____
 Any offshore work in the past 5 years? Yes No Explain: _____

Insured Activities (Circle ALL that Apply and Provide Detail)

- Rig & Equipment Hauling Yes No Additional Details: _____
- Drilling Mud Hauling Yes No Additional Details: _____
- Salt Water Disposal Operations Yes No Additional Details: _____
- Pumping & Gauging Yes No Additional Details: _____
- Drilling / Re-drilling Yes No Additional Details: _____
- Directional Drilling Yes No Additional Details: _____
- Fracturing Yes No Additional Details: _____
- Perforating Yes No Additional Details: _____
- Casing Installation Yes No Additional Details: _____
- Acidizing Yes No Additional Details: _____
- Wireline Operations Yes No Additional Details: _____
- Swabbing Yes No Additional Details: _____
- Pipeline Construction Yes No Additional Details: _____
- Pipeline Operating Yes No Additional Details: _____
- Concrete Work: Yes No Additional Details: _____
- Land Clearing / Grading Yes No Additional Details: _____
- Tank Cleaning & Painting Yes No Additional Details: _____
- Operations other than oil / gas Yes No Additional Details: _____

**Section IV
Pipeline Information**

	Miles	Maximum Diameter	Maximum Operating PSI	Maximum Design PSI
Gathering Lines (running between well sites):	___	___	___	___
Transmission Lines (long distance):	___	___	___	___
Distribution Lines (running to end users):	___	___	___	___
Does the pipeline supply any end users?	Yes	No		
If Yes, where does the Insureds interest in the pipeline end?	_____			
Does the pipeline transport the Insureds own product?	Yes	No		
Does the Pipeline run through any farmland, cities, under rivers or under railroads?			Yes	No

**Section V
Contractor Information**

% of work subcontracted out: _____

What \$ amount does the Insured anticipate spending on contractors during the policy period (see below)?

Drilling: \$ _____

Lease Operations: \$ _____

Workover: \$ _____

Total: \$ _____

How are drilling jobs contracted? ___ Turnkey ___ Day Work ___ Footage

Which Master Service Agreement is used? ___ API ___ IADC ___ AOSC ___ Other

Note: If Other, submit a copy of the indemnity agreement for Underwriter review

Are Certificates of Insurance obtained from ALL subcontractors: Yes No If no, please explain: _____

Subcontractors required insurance limits: \$ _____ Occurrence \$ _____ Aggregate

Provisions of Insureds Contract with Subcontractors

Is our Insured held harmless by subcontractors: Yes No

Does our Insured hold subcontractors harmless: Yes No

Is our Insured named as an Additional Named Insured on the subcontractors Primary and Excess policies: Yes No

**Section VI
Safety & Loss Control Provisions**

Is a formal safety Director employed? Yes No

If Yes, please provide: Name _____ Telephone: _____

Is there a formal safety program? Yes No If No, explain below

Is there an employee training program? Yes No If No, explain below

Are employee MVR's checked prior to hiring and monitored on a regular basis? Yes No If No, explain below

Are pre-employment drug screens performed? Yes No If No, explain below

Is there a formal vehicle maintenance program? Yes No If No, explain below

Does the Insured follow OSHA standards for promoting a safe workplace? Yes No If No, explain below

Does the Insured have a Certified Drug-Free workplace? Yes No If No, explain below

Does the Insured conduct accident investigations? Yes No If No, explain below

Is the public kept at a safe distance from all of the Insureds work areas?	Yes	No	If No, explain below
Is all equipment maintained in good condition?	Yes	No	If No, explain below
Is the premises in good condition and well maintained?	Yes	No	If No, explain below

Explanation:

Have there been any claims for underground resources and equipment in the last 5 years?	Yes	No	If No, explain below
Have there been any spills of crude oil, operational or waste product resulting in Pollution claims against the Insured within the last 5 years?	Yes	No	If No, explain below
Is the Insured currently involved in any open litigation?	Yes	No	If No, explain below
Is the Insured currently aware of any situation that may result in future litigation?	Yes	No	If No, explain below

Explanation:

Name

Title

Signature

Date