

**Intact Insurance Company
Oil & Gas – Battery Site Operators
Questionnaire**



Intact Insurance Company

Head Office: 1300, 321 – 6th Avenue SW Calgary, AB T2P 4W7

All questions are to be answered as completely as possible. If a question is not applicable to your situation, state N.A. If insufficient space, attach full details.

1. Name of Applicant (include all subsidiary companies to be insured): _____

2. Address: _____

3. a) Description of Operations or Industry of the Applicant (Please be specific).

b) How long has the applicant been in this line of business? _____ years.

c) Do any of the applicant's operations involve welding? Yes No

If yes, please explain _____

d) Do any of the operations include the use of radioisotopes? Yes No
If yes, attach a copy of your Radioisotope License.

e) What limits of Liability are independent contractors required to provide when they submit proof that they have Commercial General Liability Insurance? \$ _____

f) Does any company you are working for require you to provide proof of liability insurance and additional insured status on your policy? Yes No

If yes, give details (name of company, limits required, additional insured's)

f) Does any company you are working for require you to sign a contract? Yes No

If yes, please attach copies of all written contracts with third parties and oil & gas companies along with this application. This includes Consulting Services Contracts, Contract Operating Agreements, or any other similar written contract

4. a) Are any sales made or operations performed outside Canada? Yes No

If yes, give full details: _____

5. Number of Processing Facilities
- | | Operated | Non-Operated |
|--------------------------------|----------|--------------|
| a) Batteries | _____ | _____ |
| b) Pumping Stations | _____ | _____ |
| c) Other Processing Facilities | _____ | _____ |
| d) Storage Facilities | _____ | _____ |

6. Consulting Work

Complete the following for any person performing consulting activities:

Name	Type of Consulting	Professional Designation	Years of Experience

7. Subcontracted or Sublet Work

- a) Cost of Well Maintenance _____
- b) Cost of hired Vehicles _____
- c) Cost of All Other Sublet Work _____

- 8.
- a) Number of Employees
 - i) Inside _____
 - ii) Field _____
 - iii) Consultants _____
 - b) Payroll (Canada only)
 - i) Management & Clerical _____
 - ii) Field _____
 - iii) Shop _____
 - c) Gross Receipts
 - i) Batteries _____
 - ii) Other Operations _____

9. Please list the last four (4) contracts that the Applicant completed:

<u>For Whom</u>	<u>Work Done</u>	<u>Length of Contract</u>	<u>Cost</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Workers' Compensation

Are all employees covered by Workers' compensation? Yes No

If no, explain: _____

11. List and provide details of any owned, leased, chartered aircraft or watercraft:

12. Give details of all general liability insurance carried during the past three (3) years:

Type of Policy		Policy Number	Insurer	Policy Limit	Policy Period (d/m/y)
Claims Made	Occurrence				
*					
*					
*					

*If the policy is subject to a Retroactive Date, give details: _____

13. Give details of all claims, including deductible amounts, brought against the Applicant during the past five years:

Date of Incident	Amount		Details
	Paid	Outstanding	

14. Is the Applicant aware of any incidents, not yet reserved, that may result in claims against you? Yes No
 If yes, give details: _____

Please attach copies of all incident reports filed with the Alberta Energy Utilities board during the last 5 years. For risks in provinces other than Alberta please attach copies of all incident reports filed with the regulatory authority for that Province.

Copies attached: Yes No

15. Limits of Insurance required:
 Commercial General Liability: \$_____

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

Signed by: _____ Position: _____

Agency/Broker: _____ Date: _____

Signing of this form does not bind the Applicant to complete the insurance.