

**Intact Insurance Company
Oil & Gas Consultant
Application**



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. What type of consulting work is done? (Please describe in detail)

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

5. Describe type and length of any additional consulting work done for areas not listed above:

6. What percentage of work is done: 1) In the Field? _____% 2) In the Office? _____%

7. Is any work done overseas? Yes No

If yes, what where and what percentage? _____

8. Estimated annual gross receipts Canada? \$ _____
USA? \$ _____
Other? \$ _____

9. Does Applicant have any direct responsibility for on-site work? YES NO

10. Does Applicant make any decisions on his own authority that will affect the site operations?
YES NO
If yes, please describe in full: _____

11. Does Applicant directly hire any sub-contractors? YES NO

If yes, what dollar amount of work is sublet annually? \$ _____

12. Does Applicant work directly with tools or equipment? YES NO

If yes, please provide details: _____

13. Does Applicant have a professional designation? YES NO

If yes, please provide details: _____

14. What current certificates does the Applicant hold? (i.e. H2S; WHEMIS)

15. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. 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)

17. 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

18. Does Applicant sell any products or act as a representative for any products or services other than his own consulting service? YES NO

If yes, please provide details: _____

19. 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, provide details: _____

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

Date of Incident	Amount		Details
	Paid	Outstanding	

21. 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.