



Oil & Gas Related Risks Questionnaire

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). Attach copies of all oilfield service and supply directory advertisements: _____

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

c) Do the operations in any way involve the manufacturing, installation, wholesale or retail sales or the repair of "Blow-Out Preventers"? Yes No

d) Do any of the operations involve welding? Yes No

If yes, please explain _____

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

f) Are independent contractors required to submit proof that they have Commercial General Liability Insurance? Yes No

If yes, what limit are they required by you to carry? \$ _____

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

If yes, give full details: _____

b) Describe any work performed offshore: _____

5.	Well Count	Canada		U.S.A.	
		Gross	Net	Gross	Net
	a) Operator on Producing Wells	_____	_____	_____	_____
	b) Operator on Non-Producing Wells	_____	_____	_____	_____
	c) Non-Operator on Producing Wells	_____	_____	_____	_____
	d) Non-Operator on Non-Producing Wells	_____	_____	_____	_____
	e) Off-Shore Wells	_____	_____	_____	_____

6.	Processing Facilities	Operated		Non-Operated	
		Gross	Net	Gross	Net
	a) Gas Plants	_____	_____	_____	_____
	b) Compressor Stations	_____	_____	_____	_____
	c) Batteries	_____	_____	_____	_____
	d) Pumping Stations	_____	_____	_____	_____
	e) Other Processing Facilities	_____	_____	_____	_____
	f) Storage Facilities	_____	_____	_____	_____

7.	Pipeline and Gathering Systems		
	a) Number of miles of pressurized pipeline	_____	Non-Pressurized _____
	b) Number of miles of Gathering System	_____	

8.	Drilling and Servicing Contractors		
	a) Number of Drilling Rigs _____	Servicing Rigs _____	
	b) Number of Wireline Units _____	Pressure Testing Units _____	
	c) Number of Seismic Rigs or Vibroseis Units _____		

9. Consulting Work

Complete the following for any person performing consulting activities:

Name	Type of Consulting	Professional Designation	Years of Experience

10. Subcontracted or Sublet Work

a) Cost of Drilling for the Next Twelve Months	_____
b) Cost of Well Maintenance	_____
c) Cost of hired Vehicles	_____
d) Cost of All Other Sublet Work	_____

11. a) Number of Employees i) Inside _____
 ii) Field _____
 iii) Consultants _____
- i) Management & Clerical _____
 ii) Field _____
 iii) Shop _____
- i) Well Ownership _____
 ii) Field Operations _____
 iii) Other _____

12. Tenants Legal Liability

Location	Limit of Insurance
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
d) _____	\$ _____

13. Professional Liability

a) Does the Applicant have a professional Errors and Omissions or Malpractice exposure Yes No
 If yes, describe in full: _____

b) Give particulars of all professional liability insurance held by the Applicant for 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: _____

14. Workers' Compensation

Are all employees covered by Workers' compensation? Yes No

If no, explain: _____

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

16. 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: _____

17. Give details of all claims brought against the Applicant during the past five years:

Date of Incident	Amount		Details
	Paid	Outstanding	

18. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies? Yes No
 If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount?

19. 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

20. Limits of Insurance required:
 Commercial General Liability: \$ _____
 Each Occurrence Limit \$ _____
 Products - Completed Operations Aggregate Limit \$ _____
 Personal Injury Limit \$ _____
 Medical Expense Limit \$ _____ Any one person
 Non-Owned Automobile \$ _____ Inclusive limit for bodily injury and property damage combined.

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.