

APPLICANT INFORMATION

1. Insured Name: _____
 Insured Address: _____

2. Is Named Insured status requested for any other entities? Yes No
(If Yes attach name and operation of each.)

3. Do any requested Named Insureds have subsidiary, related, or affiliated companies which are not stated in 1 or 2 above? Yes No
(If Yes attach name and operation of each.)

4. Operations – check all that apply

Lease Operator Operator by Contract Developer (attach details)
 Promoter (attach details) Non operating Working Interest Owner Other (attach details)

Wet Operations (*Wet Operations are any in, over or upon any watercourse, body of water, bog, marsh, swamp or wetland*)

If Wet Operations is checked, complete the Lease Operator – Wet Operations Application Supplement.
 All information pertaining to wet operations should be provided on that “Wet Operations” Application Supplement.
 Information provided on this form (Lease Operator Application Supplement), should be limited to land operations only.

OPERATOR

1. WELLS (producing, injection, shut-in, suspended & workover) for which you are Operator or Operator by Contract:

| State/County/Producing Formation | Number of Oil Wells | Number of Gas Wells | Number SWD & Injection Wells |
|----------------------------------|---------------------|---------------------|------------------------------|
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** In place of completing above, applicant may provide a well schedule containing the information requested.*

2. Are any operated wells located in a county that borders the Gulf Coast of Texas, Louisiana, Mississippi or Alabama? Yes No
 If yes, please provide specific location information (either by closest town, address, section, township, range or latitude/longitude):

3. Are any wells within 1000' of an occupied structure? Yes No
(If Yes, attach well descriptions and locations.)

4. Are any wells within corporate limits of a city or town? Yes No
(If Yes, attach well descriptions and locations.)

5. Are any wells located in a railroad right-of-way? Yes No
(If Yes, attach well descriptions and locations.)

6. Do you supply house gas? Yes (If Yes, how many taps?) _____ No
 a. Is there a pressure regulator for each tap? Yes No
 b. Is there a written hold-harmless agreement in your favor for each tap? Yes No
 c. Is there a written requirement for homeowner to odorize the gas? Yes No
7. Do you now, or have you ever, provided any domestic gas connection services beyond providing a tap? Yes (If yes, describe below) No
 (e.g. laying pipe, hook up to house, install or maintain meters or regulators, etc)

8. WELLS TO-BE-DRILLED in next 12 months for which you are Operator or Operator by Contract, please show the number of wells in each depth category:

| State/County/Producing Formation | List number of Wells in each depth | | | | |
|----------------------------------|------------------------------------|-----------------|-----------------|-----------------|--------------|
| | 0 – 2,499' | 2,500' – 4,999' | 5,000' – 7,499' | 7,500 – 12,499' | Over 12,500' |
| | | | | | |
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Please attach your Operator's Extra Expense application for wells to be drilled over 12,501'

9. How many wells were drilled for you as operator by subcontractors in the last 12 months? _____

10. Name of drilling contractors typically used: _____

Number of years as a drilling contractor: _____
 If less than 3 years, please include resume.

Limits you require them to carry: _____

11. Do you have plans for any directional wells in the next 12 months? Yes (If yes attach details) No
 12. Do you have plans to do any multi-stage hydraulic fracturing? Yes No
 13. Do you have drilling activity in heavily populated areas? Yes (If yes attach details) No
 14. Will you perform any pre-drill water well testing? Yes No

15. PIPELINE or GATHERING SYSTEM (other than those directly related to wells you operate) for which you are responsible as Operator or Operator by Contract:

- a. total length with outside diameter 4" or less: _____ (indicate units)
 b. length of 4"/10cm or less transporting product of others: _____ (indicate units)
 c. total length with outside diameter over 4": _____ (indicate units)
 d. total over 4" transporting product of others: _____ (indicate units)

16. Indicate diameter of largest pipeline you operate: _____ inches cm

17. Indicate maximum operating and design pressure of pipeline you operate:

- a. maximum operating pressure: _____ psi kPa

- b. design pressure: _____ psi kPa
- c. size and type of compressors _____
- d. compressor maintenance agreement Yes (If yes attach agreement) No

18. Do you operate any pipelines above 2/3 design pressure? Yes (If yes attach details) No
19. Do you operate any pipelines thru town, cities or populated areas? Yes (If yes attach details) No
20. Do you operate any pipelines crossing railways, roads, or water? Yes (If yes attach details) No
21. Do you operate any pipelines supply end users other than house gas? Yes (If yes attach details) No
22. a. Average age of pipeline/gathering system? _____ years
- b. Age of oldest portion of pipeline/gathering system? _____ years
- c. What percentage of your pipeline is over 15 years old? _____ %
- d. What percentage of your pipeline has cathodic protection? _____ %
- e. What percentage of your pipeline is buried? _____ %
- f. What percentage of your pipeline can be Piggged? _____ %
- g. What percentage of your pipe is: Steel _____ % Plastic _____ % Fiberglass _____ %
- h. What percentage of your pipeline is coated and/or wrapped? _____ %
23. Do you operate **SECONDARY RECOVERY** operations? Yes (If yes attach details) No
24. Do you operate or have an ownership interest in any **GAS PROCESSING** or **GASOLINE RECOVERY** (distillate) plants? Yes (If yes, attach details) No
25. Do you operate any **GAS SWEETENING** plants? Yes (If yes attach details with ppm H2S and exposures within 1500'/450m) No
26. Do your **EMPLOYEES** operate wells? Yes (If yes indicate payroll by location) No

| STATE/LOCATION | PAYROLL |
|----------------|---------|
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27. Indicate operations performed by your employees and whether for yourself and/or for others:

| | For Yourself | For Others | | For Yourself | For Others |
|--------------------------|--------------|------------|--------------------------|--------------|------------|
| Acidizing | | | Pipeline Operations | | |
| Casing Install &* Pull | | | Pumping & Gauging | | |
| Cementing | | | Rig & Equipment Hauling | | |
| Drilling & Redrilling | | | Rod & Tubing Replacement | | |
| Equipment Inspect/Repair | | | Swabbing | | |
| Fracturing | | | Tank Cleaning & Painting | | |
| Land Clearing & Grading | | | Wireline Operations | | |
| Perforating | | | Pipeline Construction | | |
| Other (attach details) | | | | | |

28. How many field employees do you have? _____

29. Indicate which of the following you require of your SUBCONTRACTORS:

- Certificate of Insurance
- Additional Insured Status for yourself on subcontractor coverage
- Waiver of subrogation provision on subcontractor coverage
- Subcontractor's coverage endorsed to be primary

30. Do you require subcontractors to have a [Master Service Agreement](#) (MSA) completed and on file in your office before they begin work for you?

Yes (If yes attach agreement) No

a. If "Yes" what form of MSA do you use? API IADC Other (attach)

b. If "Yes", describe your company MSA guidelines: Do you require MSA's from all subs? Only subs for certain operations? Based on expenditure threshold? Other factors?

c. Do you use a Certificate Management Service? Yes No

31. Indicate the insurance coverages and limits you require for subcontractors?

| <u>COVERAGES</u> | <u>LIMITS REQUIRED</u> |
|--|------------------------|
| General Liability | _____ |
| Blanket Contractual coverage | _____ |
| Products/Completed Operations coverage | _____ |
| Underground Resources coverage | _____ |
| Pollution | _____ |
| Auto | _____ |
| Workers Compensation | N/A |
| Umbrella Liability | _____ |

32. Indicate how you contract for drilling work by the percentage applicable to each method:

Not applicable (no drilling planned)

No Contracts Used

| | | | | |
|---------|----------|-----|------|-----------------------|
| _____ % | Turnkey | API | IADC | Other (attach sample) |
| _____ % | Day Work | API | IADC | Other (attach sample) |
| _____ % | Footage | API | IADC | Other (attach sample) |

33. Do you ever modify the indemnity provisions of the IADC contract? Yes No

34. What amount do you expect to spend annually for subcontractors listed below?

- a. Lease Operations _____
- b. Workover _____
- c. Drilling _____

35. a. Indicate the 'Operator's Extra Expense' or 'Cost of Control' or 'Blowout' coverage you carry:

None

All wells - producing, injection, shut-in, suspended, workover and wells being drilled

Producing, injection, shut-in, suspended and workover only

Wells being drilled only

Other (describe) _____

b. What limits do you carry for this insurance? _____

c. Does this coverage include pollution liability? Yes No Not Applicable

d. Does coverage include surface and subsurface damage? Yes No (if not describe coverage) Not Applicable

36. Do you inspect your owned power poles and their electrical connections at least annually? Yes (If yes attach agreement) No

NON-OPERATING WORKING INTEREST

1. WELLS (producing, injection, shut-in, suspended, drilled & workover) in which you have a non-operating working interest:

| State/County/Producing Formation | Number of Oil Wells | Number of Gas Wells |
|----------------------------------|---------------------|---------------------|
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| | | |
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** In place of completing above, applicant may provide a well schedule containing the information requested.*

2. Indicate the number of your land operations non-operating working interest wells by your ownership percentage:

| State/Location | Ownership | | | |
|----------------|-----------|----------|-----------|----------|
| | 0% - 1% | 2% - 25% | 26% - 50% | Over 50% |
| | | | | |
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3. Do you maintain current certificates of insurance from all operators? Yes No
4. Limits carried by the operator _____
5. Are you named as an additional insured on all operator's policies? Yes No
6. Indicate the annual costs billed to you for your non-operating working interests in oil and gas wells: _____

OIL & GAS LEASE PROPERTY

Please complete if coverage for oil & gas lease property (well site equipment) is desired.

1. Total Values at Risk: _____ (Please attach a detailed schedule of equipment to be covered)
2. Largest Concentration of Values at any one Location: _____
3. Do values above include value of crude oil in tanks? Yes No
4. If so, is coverage for crude oil desired? Yes No
- a. What is the total capacity of all tanks? _____ bbls
- b. What is the total capacity of largest tank battery? _____ bbls
- c. Location of largest tank battery: _____
5. Is any equipment leased? Yes No
(Please attach a copy of the leasing agreement)
6. Are any sites subject to flood or earthquake? Yes No
7. Are sites situated in Tier 1 wind control zones? Yes No
8. Are any sites situated in, over, under, or upon any body of water, bog, marsh, swamp, watercourse or Wetland? Yes No

VEHICLE USAGE

1. Is Personal use of company vehicles permitted? Yes No
2. Are family members allowed to drive company vehicles? Yes No
3. Is there a written company policy regarding use of vehicles? Yes No

POLLUTION COVERAGE

1. Coverage Requested
- Claims Made
 Claims Made with On-Site Clean-Up Cost
 Time Element
- (Quotes may be requested for one or more coverages but the insurer may, at its sole discretion, deny any or all coverages to any applicant.)*

2. Limits of Insurance
- a. Each Pollution Incident _____
- b. Aggregate _____
3. Deductible requested _____ (US\$50,000 minimum)
4. Effective Date _____
5. Retroactive Date _____ (Claims Made only)
(Attach evidence of prior claims made coverage if Requested Retroactive date differs from Effective Date.)

6. If Claims Made coverage is desired for any site not automatically qualifying as a Designated Site, attach site information including: location, operations at site, and materials handled at site.

Note: Only Designated Sites are covered under Claims Made coverage. The "...specific portion of any site you own, lease or occupy at which you or any person or organization acting on your behalf if conducting oil or gas exploration or production activities" automatically qualifies as a Designated Site.

HISTORY

1. Has pollution coverage ever been canceled or refused to applicant? Yes No If yes, explain in the [Additional Information Section](#) below.
2. Has applicant, during the last five years, been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? Yes No If yes, explain in the [Additional Information Section](#) below.
3. Has applicant ever been sued or requested to pay any damages or to investigate environmental contamination or perform any remediation with respect to any actual or alleged pollution incident? Yes No If yes, explain in the [Additional Information Section](#) below.
4. List all pollution and environmental losses, whether or not insured, incurred over the past three years. (use the Additional Information Section below or attach additional pages if necessary)

| Date | Loss Amount | Description |
|------|-------------|-------------|
| | | |
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5. Are you aware of any fact or circumstance that might lead to a claim under the policy if it were to be issued? Yes No If yes, explain in the [Additional Information Section](#) below.
6. Do you have a written Spill Prevention Containment and Countermeasure plan? PLEASE ATTACH COPY Yes No If no, explain in the [Additional Information Section](#) below.
7. Do you allow others to use any of your disposal/injection wells? Yes No If yes, give details in the [Additional Information Section](#) below, including number of wells and materials injected.
8. Are all above ground tanks (including crude stock tanks) diked to 150% capacity? Yes No

9. How often are flowlines checked for leakage? Describe procedures:

10. Are any special spill control procedures in place on sites adjacent to creeks, streams, rivers or other bodies of water? Yes No If yes, give details in the [Additional Information Section](#) below.

11. Is there a formalized replacement schedule for flowlines, valves and fittings? Yes No If yes, give details in the [Additional Information Section](#) below.

ADDITIONAL INFORMATION

DECLARATION and SIGNATURE

I have read the above Application. I declare that to the best of my knowledge and belief the statements and information in this Application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this Application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature of First Named Insured
(May not be signed by Producer)

Title

Date

Submitted by: _____
Producer

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN:

ARKANSAS

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KENTUCKY

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND

ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON

ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL FACT THERETO, MAY BE GUILTY OF AN INSURANCE FRAUD.

