

BUSINESS RISK SERVICES OF OHIO, INC.
OIL & GAS CONTRACTORS SUPPLEMENT
(MUST BE FULLY COMPLETED AND ATTACHED TO APPLICATION)

NAME OF INSURED: _____
CONTRACTORS LICENSE #: _____
LIST ALL TYPES OF STATE APPROVED LICENSES HELD BY THIS INSURED: _____

WEBSITE ADDRESS (IF ANY): _____
NUMBER OF YEARS OIL & GAS FIELD EXPERIENCE: _____

**THE FOLLOWING QUESTIONS APPLY TO DRILLERS/WELL SERVICING
CONTRACTORS:**

1. NUMBER OF RIGS OWNED: _____
2. NUMBER OF ACTIVE RIGS _____
3. NUMBER OF INACTIVE OR STACKED RIGS: _____
4. MAXIMUM DEPTH OF DRILLING/SERVICING: _____
5. AVERAGE DEPTH OF DRILLING/SERVICING: _____
6. MAIN AREAS OF OPERATIONS (STATE/COUNTY): _____

7. HOW OFTEN ARE RIGS SERVICED OR MAINTAINED: _____
8. ANY OPERATIONS PERFORMED OVER WATER OR MARSHY AREAS: _____
IF SO, PLEASE ADVISE THE TYPE OF WORK PERFORMED: _____
_____ PROVIDE THE PERCENTAGE OF OVERWATER
VS. LAND OPERATIONS: _____

**THE FOLLOWING QUESTIONS APPLY TO ALL OIL & GAS CONTRACTORS
(INCLUDING DRILLERS / WELL SERVICERS & LEASE WORK CONTRACTORS)**

1. TOTAL NUMBER OF ACTIVE EMPLOYEES: _____
2. TOTAL AMOUNT OF ANNUAL PAYROLL: _____
3. TOTAL AMOUNT OF ESTIMATED GROSS RECEIPTS: _____
4. INDEPENDENT SUBCONTRACTOR COSTS: _____
5. EXPLAIN THE TYPE OF OPERATIONS SUBBED OUT: _____

6. DOES THE INSURED OBTAIN & KEEP CERTIFICATES OF INSURANCE ON FILE?

7. DOES THE INSURED HAVE SUBCONTRACTORS NAME THEM AS ADDITIONAL
INSUREDS UNDER THE SUBCONTRACTORS CGL POLICY AND HOLD THE INSURED
HARMLESS: _____
8. WHAT TYPE OF LIMIT OF LIABILITY DOES THE INSURED REQUIRE THE
SUBCONTRACTOR TO CARRY: _____
9. DOES THE INSURED ENGAGE IN ANY EMPLOYEE LEASING: _____. IF YES,
PLEASE EXPLAIN THE AGREEMENT IN PLACE: _____

10. DOES THE INSURED PROVIDE WORKERS' COMPENSATION & EMPLOYERS
LIABILITY: _____. PROVIDE NAME OF CARRIER AND EFFECTIVE DATE:

11. DOES THE INSURED HAVE A SAFETY PROGRAM IN PLACE: _____. IS
THERE A SPECIFIC SAFETY DIRECTOR EMPLOYED: _____. IF SO, PROVIDE
NAME & PHONE NUMBER: _____.

12. DESCRIBE THE INSURED HIRING PROCEDURES: _____
_____ IS THERE A MINIMUM EXPERIENCE
REQUIREMENT FOR EMPLOYMENT: _____. WHAT IS THE INSURED
TURNOVER RATE: _____

THE FOLLOWING QUESTIONS APPLY TO SPECIALTY OIL & GAS CONTRACTORS:

1. PROVIDE A DETAILED DESCRIPTION OF ALL OPERATIONS PERFORMED BY THE
INSURED IN THE OIL AND GAS INDUSTRY: _____

2. ARE THERE ANY SPECIFIC SAFETY REQUIREMENTS FOR THIS TYPE OF
CONTRACTOR: _____
3. ANY OPERATIONS PERFORMED AROUND PETRO-CHEMICAL PLANTS, GAS PLANTS,
INDUSTRIAL PLANTS, OR REFINERIES: _____. IF SO, PLEASE PROVIDE AN
EXPLANATION: _____
4. ANY EXPOSURE TO OVER THE HOLE OPERATIONS: _____. IF SO, WHAT TYPE
OF EXPOSURES: _____
5. EXPLAIN THE TYPE OF CONTRACTUAL OBLIGATIONS THE INSURED MUST ENTER
INTO: _____
6. ANY WORK PERFORMED OUTSIDE OF THE OIL & GAS INDUSTRY: _____. IF
SO, PLEASE EXPLAIN WHAT TYPE OF WORK: _____
7. IF TRUCKING RISK, NEED LIST OF MATERIAL HAULED AND RADIUS OF
OPERATIONS: _____
8. IF PAINTING AND/OR SANDBLASTING WE WILL NEED PROCEDURES USED TO
PREVENT OVER-SPRAY DAMAGE: _____
ANY STRUCTURES WORKED ON MORE THAN 3 STORIES IN HEIGHT: _____
9. PROVIDE A LIST OF EQUIPMENT USED IN DAILY OPERATIONS: _____
