

BUSINESS RISK SERVICES CONSULTANT QUESTIONNAIRE
PAGE 1 OF 2

NAME OF APPLICANT _____
ADDRESS _____

1. DESCRIBE YOUR OPERATIONS IN DETAIL. IF AVAILABLE, PLEASE ATTACH BROCHURE DESCRIBING YOUR FIRMS SERVICES:

2. DOES YOUR FIRM OPERATE OUT OF ANY LOCATION OTHER THAN THE ONE LISTED ABOVE?

3. HAVE ANY CLAIMS INVOLVING PROFESSIONAL SERVICES OR EMPLOYMENT PRACTICES BEEN MADE OR LEGAL ACTIONS BEEN BROUGHT IN THE PAST FIVE YEARS? _____ YES
_____ NO IF YES, PLEASE EXPLAIN:

4. HAS ANY INSURER DECLINED, CANCELLED OR REFUSED TO RENEW ANY TYPE OF PROPERTY, LIABILITY OR SIMILAR COVERAGE FOR YOUR FIRM, A PREDECESSOR FIRM OR ANY OWNER, PARTNER, SHAREHOLDER, PRINCIPAL, OFFICER, DIRECTOR OR EMPLOYEE? _____ YES _____ NO

5. NUMBER OF YEARS EXPERIENCE AS A CONSULTANT? LIST ANY CERTIFIED TRAINING COURSES, DEGREES, AWARDS, RESUME, ETC.

6. ANY OFFSHORE OR WET OPERATIONS? IF YES, WHAT IS THE PERCENTAGE OF OPERATIONS AND WHO IS RESPONSIBLE FOR TRANSPORTATION TO JOBSITE?

7. WHAT IS THE PERCENTAGE OF NON OILFIELD CONSULTANT OPERATIONS? EXPLAIN TYPE OF NON-OIL & GAS WORK.

8. LIST OF COMPANIES FOR WHICH YOU OPERATE UNDER CONTRACT OR AGREEMENT?

9. IS APPLICANT RESPONSIBLE FOR HIRING/FIRING SUBCONTRACTORS? DOES INSURED EXERCISE ANY CONTROL OVER SUBCONTRACTORS?

10. WHICH BEST DESCRIBES YOUR CONSULTING ACTIVITIES:

a. _____ As a consultant I contract with well owners to gather information as their agent at the work site as they specify, relay this information to my customer along with recommendations I may make based upon my observations. My customer will then provide me with information and/or instructions to relay to my senior supervisor for subcontractors working on behalf of my customer.

b. _____ As a consultant, I contract with well owners to manage and direct oil and/or gas exploration or production projects for them. I use my best judgment to hire necessary subcontract personnel and supervise and/or direct their activities as needed to perform the job. I report progress/results of day-to-day operations to my customer. I have the authority to act in my best judgment, subject to a limitation on costs associated with my activities.

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PAGE 2 OF 2

11. DOES INSURED HAVE PROFESSIONAL LIABILITY IN PLACE WITH ANOTHER CARRIER? IF NOT, WOULD YOU LIKE A QUOTE FOR PROFESSIONAL LIABILITY WITH YOUR GL. IF SO, WE WOULD NEED OUR PROFESSIONAL SERVICES APPLICATION FILLED OUT.

12. DOES THE INSURED DO ANY CONSULTING WORK INSIDE OR AROUND REFINERIES, PETRO- CHEM PLANTS, GAS PLANTS, OR INDUSTRIAL PLANTS: _____ YES _____ NO

13. ANY PHYSICAL OR HANDS ON OPERATIONS DONE BY THE INSURED. IF SO, PLEASE EXPLAIN.

EMPLOYEE PAYROLL \$ _____ NUMBER OF EMPLOYEES _____

NUMBER OF ACTIVE OWNERS _____ GROSS RECEIPTS \$ _____

SIGNATURE OF APPLICANT

DATE