

**BUSINESS RISK SERVICES OF OHIO, INC.**  
**LEASE OPERATOR/NON OPERATOR/GAS-OIL PIPELINE OPERATOR SUPPLEMENT**  
**(MUST BE FULLY COMPLETED AND ATTACHED TO APPLICATION)**

**NAME OF INSURED** \_\_\_\_\_  
**NUMBER OF YEARS WELLS OPERATING AND/OR INTEREST EXPERIENCE** \_\_\_\_\_

**FOLLOWING QUESTIONS APPLY TO OPERATORS:**

1. NUMBER OF WELLS TO BE DRILLED \_\_\_\_\_
2. NUMBER OF PRODUCING WELLS - OIL \_\_\_\_\_
3. NUMBER OF NON-PRODUCING WELLS – OIL \_\_\_\_\_
4. NUMBER OF PRODUCING WELLS – GAS \_\_\_\_\_
5. NUMBER OF NON-PRODUCING WELLS – GAS \_\_\_\_\_
6. NUMBER OF PLUGGED, SHUT-IN OR ABANDONED WELLS \_\_\_\_\_
7. NUMBER OF SALTWATER DISPOSAL WELLS \_\_\_\_\_
8. NUMBER OF WELLS WITHIN CITY LIMITS, TOWNSHIP OR RAILROAD RIGHT OF WAY \_\_\_\_\_
9. NUMBER OF WELLS LOCATED IN OCEANS, GULF OR BAYS \_\_\_\_\_
10. NUMBER OF WELLS LOCATED IN MARSHES AND/OR LAKES \_\_\_\_\_
11. LOCATION OF WELLS \_\_\_\_\_

12. MAXIMUM DEPTH OF WELLS \_\_\_\_\_
13. AVERAGE DEPTH OF WELLS \_\_\_\_\_
14. DOES THE INSURED OWN AND/OR OPERATE ANY GATHERING SYSTEMS? \_\_\_\_\_  
IF SO, PROVIDE DETAILS AT THE END OF QUESTIONNAIRE.
15. DOES THE INSURED OWN AND/OR OPERATE ANY TRANSMISSION LINES? \_\_\_\_\_  
IF SO, PROVIDE DETAILS AT THE END OF QUESTIONNAIRE.
16. INDEPENDENT CONTRACTORS COST \_\_\_\_\_
17. DOES THE INSURED OBTAIN & KEEP ON FILE CERTIFICATES OF INSURANCE?

1. DOES INSURED HAVE SUBCONTRACTORS NAME THEM AS ADDITIONAL INSUREDS UNDER THE SUBCONTRACTORS CGL POLICY & HOLD THE INSURED HARMLESS?  
\_\_\_\_\_
2. WHAT LIMITS OF LIABILITY DOES THE INSURED REQUIRE THE SUBCONTRACTOR TO CARRY? \_\_\_\_\_
3. NUMBER OF EMPLOYEES BY OPERATION \_\_\_\_\_
4. PAYROLL \_\_\_\_\_
5. GROSS RECEIPTS \_\_\_\_\_

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**FOLLOWING QUESTIONS APPLY TO NON-OPERATORS:**

1. NUMBER OF PRODUCING WELLS – OIL 0-25% \_\_\_\_\_ 26-50% \_\_\_\_\_ OVER 50% \_\_\_\_\_
2. NUMBER OF NON-PRODUCING WELLS – OIL 0-25% \_\_\_\_\_ 26-50% \_\_\_\_\_ OVER 50% \_\_\_\_\_
3. NUMBER OF PRODUCING WELLS – GAS 0-25% \_\_\_\_\_ 26-50% \_\_\_\_\_ OVER 50% \_\_\_\_\_
4. NUMBER OF NON-PRODUCING WELLS – GAS 0-25% \_\_\_\_\_ 26-50% \_\_\_\_\_ OVER 50% \_\_\_\_\_
5. NUMBER OF WELLS TO BE DRILLED 0-25% \_\_\_\_\_ 26-50% \_\_\_\_\_ OVER 50% \_\_\_\_\_
6. NUMBER OF PLUGGED, SHUT-IN &/OR ABANDONED WELLS \_\_\_\_\_
7. NUMBER OF WELLS WITHIN CITY LIMITS, TOWNSHIP OR RAILROAD RIGHT OF WAY \_\_\_\_\_
8. NUMBER OF WELLS LOCATED IN OCEANS, GULF OR BAYS \_\_\_\_\_
9. NUMBER OF WELLS LOCATED IN MARSHES AND/OR LAKES \_\_\_\_\_
10. LOCATION OF WELLS \_\_\_\_\_
11. MAXIMUM DEPTH OF WELLS \_\_\_\_\_
12. AVERAGE DEPTH OF WELLS \_\_\_\_\_

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**FOLLOWING QUESTIONS APPLY TO GAS/OIL PIPELINE OPERATOR**

1. DOES THE INSURED OPERATE CROSS COUNTRY, TRANSMISSION, OR GAS GATHERING PIPELINES? \_\_\_\_\_ HOW MANY TOTAL MILES OF ALL LINES? \_\_\_\_\_ PROVIDE THE NUMBER OF COMPRESSOR STATIONS LOCATED ON THE LINE \_\_\_\_\_
  
2. DOES THE INSURED OWN OR OPERATE ANY GAS SWEETNING FACILITIES? \_\_\_\_\_ DOES THE INSURED OPERATE ANY TYPE OF REFINING, RECOVERY SYSTEM, OR PLANT OPERATION? \_\_\_\_\_ IF SO, EXPLAIN \_\_\_\_\_  
\_\_\_\_\_
  
3. WHAT TYPE OF PIPELINE SYSTEM DOES THE INSURED HAVE?

<u>TYPE</u>	<u>MILES</u>
_____ STEEL	_____ < 4"
_____ PLASTIC	_____ 4" – 8"
_____ OTHER	_____ 8" – 12"
	_____ OVER 12"
  
4. DOES THE PIPELINE CROSS ANY RIVER, STREAM OR BODY OF WATER? \_\_\_\_\_ DOES THE PIPELINE CROSS ANY MAJOR ROADS OR RAILROADS? \_\_\_\_\_ DOES THE PIPELINE GO NEAR ANY POPULATED AREAS? \_\_\_\_\_ EXPLAIN IF YES TO ANY OF ABOVE  
\_\_\_\_\_
  
5. HOW OFTEN IS THE LINE CHECKED FOR LEAKS? \_\_\_\_\_ WHO IS RESPONSIBLE FOR REPAIRS? \_\_\_\_\_ IS THERE A COPY OF A RECENT LEAK SURVEY FOR OUR REVIEW? \_\_\_\_\_ IF SO, PLEASE ATTACH.
  
6. DOES THE INSURED SELL ANY GAS DIRECTLY TO CUSTOMERS? \_\_\_\_\_ IS THE INSURED CONSIDERED A UTILITY? \_\_\_\_\_ IF SO, WE WILL NEED A RECENT DOT REPORT AND A GAS UTILITY QUESTIONNAIRE COMPLETED.
  
7. HOW MANY EMPLOYEES DOES THE INSURED HAVE? \_\_\_\_\_ TOTAL AMOUNT OF ANNUAL PAYROLL? \_\_\_\_\_ FIELD PAYROLL? \_\_\_\_\_
  
8. TOTAL AMOUNT OF ESTIMATED GROSS RECEIPTS? \_\_\_\_\_
  
9. ARE ALL PIPELINES MARKED WITH WARNING SIGNS? \_\_\_\_\_

**FOLLOWING QUESTIONS APPLY TO ALL**

1. DOES THE INSURED OPERATE OR HAVE A FINANCIAL INTEREST IN: GAS PROCESSING, SQUEEZING OR SWEETENING FACILITIES, GASOLINE RECOVERY, TRANSMISSION PIPELINES, SECONDARY OIL OR GAS RECOVERY OPERATIONS OR COMPRESSOR STATIONS?

PLEASE EXPLAIN: \_\_\_\_\_

2. DOES THE INSURED OPERATE OR HAVE A FINANCIAL INTEREST IN: A FIELD GATHERING SYSTEM? \_\_\_\_\_ IF SO, PROVIDE DETAILS AND TYPE OF PIPE, ABOVE OR BELOW GROUND, DIAMETER OF PIPE, TOTAL MILES OF LINES, OIL OR GAS, PRESSURE, ETC... DOES LINE CROSS LEASE ONLY OR LAND OWNED BY OTHERS? \_\_\_\_\_

DOES IT CROSS ANY ROADS? \_\_\_\_\_

3. DOES INSURED HAVE ANY STORAGE TANKS? \_\_\_\_\_ IF SO, ARE THEY LOCATED IN POPULATED AREAS? \_\_\_\_\_ ARE THEY ABOVE OR BELOW GROUND? \_\_\_\_\_ ARE THEY FENCED AND DIKED? \_\_\_\_\_ PLEASE GIVE NUMBER/AGE/CAPACITY OF TANKS \_\_\_\_\_

4. IF YOU OPERATE SWD WELLS OR FACILITIES, ARE THEY FENCED, DYKED, WELL-LIT AND MANNED BY INSURED'S PERSONNEL DURING ALL OPERATING HOURS? \_\_\_\_\_ IF NOT, EXPLAIN: \_\_\_\_\_

5. ARE CERTIFICATES OF INSURANCE REQUIRED OF SUBCONTRACTORS? \_\_\_\_\_ WHAT LIMITS OF LIABILITY ARE REQUIRED OF SUBCONTRACTORS? \_\_\_\_\_

6. IS THE INSURED ENGAGED IN EMPLOYEE LEASING? \_\_\_\_\_ IF YES, ATTACH COPY OF EMPLOYEE LEASE AGREEMENT.

7. DOES THE INSURED PROVIDE WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY? \_\_\_\_\_