

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant: _____
2. Principal: _____
3. Mailing Address of Applicant: _____
4. Business Phone: _____ Residence Phone: _____ Cell Phone: _____
5. Email: _____

SECTION 2: UNDERWRITING INFORMATION

1. Type of Work (Describe operations in full detail):

2. What Percentage of Work is done: In the Field: _____ In the Office: _____
3. Total Number of Employees: _____
What percentage of your employees are performing the "Type of Work" listed above? _____
4. Estimated Annual Receipts: _____
5. Is any of the work done in the US? Yes No
If yes, what percentage and where?

- Any foreign exposure? Yes No
If yes, what percentage and where?

6. What companies are you currently contracting work with?

7. Does the Applicant have any direct responsibility for onsite work? Yes No
Does the Applicant make decisions on their own authority that will affect the site operations? Yes No
If yes, please describe:



8. Does the Applicant hire any sub-contractors? Yes No

If **yes**, please describe:

What amount of work is sublet annually? _____

What kind of work is sublet? _____

Does the money for the sub-contractors' payment flow through the consultant's business? Yes No

Does the Applicant have any sub-contractors that work exclusively for them and for which they are responsible for arranging insurance? Yes No

If **yes**, please provide full details:

9. Does the Applicant work directly with tools or equipment? Yes No

If **yes**, please describe:

Does the Applicant assemble the bits/tools used for drilling? Yes No

If **yes**, please describe assembly:

10. What academic qualifications does the Applicant have? _____

11. What current certificates does the Applicant hold (i.e. H2S, loss control, drilling, etc.)?

12. Describe the Type and Length of previous Oilfield Experience:

13. Describe any other Training that is not mentioned above:

14. Does the Applicant perform any operations with respect to manufacture, installing, maintenance or service of blow out prevention equipment of any type? Yes No

If **yes**, please describe: _____

SECTION 3: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: _____ Policy #: _____
Property Damage Deductible on prior policy? Yes No Amount: _____

2. Describe all losses or incidents paid, or reserved, since the Applicant has been working in his field (include dates and amounts):

3. Effective Date: _____



4. Limits of Insurance desired: Commercial General Liability

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> \$1,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> \$2,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> \$3,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> \$5,000,000 aggregate per policy year | ▶ | Property Damage Deductible \$1,000 |
| <input type="checkbox"/> Other (please specify): _____ | ▶ | Property Damage Deductible \$1,000 |

SECTION 4: OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:



SECTION 5: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

 Applicant's Name (Please print)

 Title/Position

 Signature of Applicant

 Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____ Brokerage Name: _____

Email: _____ Address: _____

Phone: _____ City / Province: _____

Fax: _____ Postal Code: _____