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OIL & GAS SUPPLEMENTAL APPLICATION (ATTACH ACORD APPLICATION)

I. APPLICANTS INFORMATION:

NAME: _____

INSPECTION CONTACT: _____ PHONE: _____

MAILING ADDRESS: _____

Corporation Individual Partnership Joint Venture Other _____

INSURED OPERATIONS

- Investor owning a non-operating working interest in oil & gas wells
- Operator owning working interest
- Lease operator by contract who does not have a working interest
- Contractor working for a lease operator
- Other _____

II. INVESTOR/OPERATOR/CONTRACTOR INFORMATION:

1. Do you have an interest in any wells? No Yes---Please attach a list of all wells, indicating your interest, the type and location.
2. Do you have any wells within the corporate limits of any city or town? No Yes---Please attach a description of the wells.
3. Do you have any wells and structures within 1000 feet of each other or wells on railroad right-of-way? No Yes---Please attach a description.
4. Have you had any pollution claims or problems that may cause future claims? No Yes---Please attach a description of the claims or problems.
5. Do you have any wells or work you do in inland waters or offshore? No Yes---Please attach a description.
6. Do you plan to drill any wells during the policy period? No Yes---Please attach a description of the wells and/or your work involved with the wells.
7. Do you own or operate any gathering systems, pipelines or gas or gasoline processing plants? No Yes--- Please attach a description of your interest or operations.
8. Do you have any employees or sub-contractors? No Yes---Number _____.
9. Total Payroll _____ Sub-contractor cost _____ Gross Receipts _____.

III. OPERATIONS:

Please indicate which of the following operations are performed **direct** by you or your employees and which operations are performed by your **sub-contractors**.

OPERATIONS-----DIRECT-----SUB-CONTRACTED

1. ACIDIZING	_____	_____
2. CEMENTING	_____	_____
3. CASING INSTALLATION & PULLING	_____	_____
4. DRILLING MUD	_____	_____
5. DRILLING OR REDRILLING	_____	_____
6. EQUIPMENT INSPECTION, INSTALLATION & REPAIR	_____	_____
7. FRACTURING	_____	_____
8. GEOPHYSICAL EXPLORATION	_____	_____
9. INSTRUMENT LOGGING	_____	_____
10. LAND CLEARING & GRADING	_____	_____
11. PERFORATING OF CASING	_____	_____
12. PIPELINE CONSTRUCTION	_____	_____
13. PUMPING & GAUGING	_____	_____
14. RIG AND EQUIPMENT HAULING	_____	_____
15. RIG OR DERRICK ERECTING OR DISMANTLING	_____	_____
16. ROD & TUBING	_____	_____
17. STILL ERECTION OR REPAIR	_____	_____
18. SWABBING OR CLEANING	_____	_____
19. TANK CLEANING OR PAINTING	_____	_____
20. WELDING OR CUTTING	_____	_____
21. WIRELINE	_____	_____
22. OTHER _____	_____	_____

IV. CONTRACTUAL INFORMATION:

1. Do you maintain certificates of insurance from your sub-contractors? Yes ___ No ___
2. Do you require your contractors to carry limits of insurance equal to your own limits? Yes___ No_
3. Do you require your contractors to name you as an additional insured and give you a waiver of subrogation? Yes ___ No ___
4. Are you required to provide certificates, name anyone as an additional insured or provide a waiver of subrogation? Yes ___ No ___
5. How do you contract for services or how do you contract to provide services?
 ___ Turnkey, ___ Day Work, ___ Footage, ___ IADC, ___ API, ___ or Other _____
6. Do you require written contracts from your operators and/or contractors?
 ___ IADC, ___ AOSC, ___ API or ___ Other _____?

V. DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

 Applicant's signature

 Sub-producer

 Title (Date)

 Producer