



Oil & gas professionals

Application form

United States



INSURANCE FOR OIL AND GAS PROFESSIONALS

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the O&G policy. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clauses 1 and 2 provide cover on a claims made and reported basis. Under this Insuring Clause a claim must be first made against the Insured and notified to us during the period of the policy to be covered. This Insuring Clause does not cover any claim arising out of any actual or alleged incident occurring prior to the retro date.

HOW TO COMPLETE THIS FORM

If you are a company, the form must be completed by a principal, partner or director who should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered. If you require any extra room to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the applicant for whom this insurance is required.

Full name:	
Address:	
City:	State:
ZIP code:	
Email address:	Website:

1.2 Please state when your company was established:

1.3 a) How many principals / partners / directors are there in the Company?

b) Please state the details of all principals / partners / directors:

Name	Years in position	Years experience	Qualifications

1.4 Please state the number of employees:

2.4 Do you perform any manual work? Yes No
If yes, please provide details:

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2.5 If you perform manual work does it constitute less than 20% of your working time? Yes No

2.6 Do you oversee, instruct, direct, supervise or have any involvement in any work or operations that occur or may occur on site? Yes No

2.7 Are you responsible for:

a) hiring or firing personnel? Yes No

b) controlling or directing others? Yes No

c) advising others? Yes No

d) health and safety Yes No

2.8 Are you able to amend or restrict operations on site? Yes No

SECTION 3: CONTRACT INFORMATION

3.1 Do you sign any reciprocal hold harmless agreements with:

a) Rig operators or other principals? Yes No

b) Other contractors? Yes No

SECTION 4: COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

4.1 Please state, in respect of your tools and associated equipment, the maximum value of any one item (not the total value of all items):

4.2 Please detail the amounts to be insured below for Business Interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our Business Interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for Business Interruption cover. This amount applies regardless of whether your business interruption loss is loss of revenue, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption cover (Flexible First Loss):	<input type="text"/>	<input type="text"/> MONTHS

SECTION 4: CLAIMS EXPERIENCE & INSURANCE HISTORY

4.1 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY	MM / YY				
Required:	MM / YY	MM / YY			N/A	N/A

4.2 Please provide details of your current General Liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY				
Required:	MM / YY			N/A	N/A

4.3 Regarding all of the types of insurance to which this application form relates, AFTER INQUIRY:

- are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above: Yes No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

SECTION 5: DECLARATION

- I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____	Full name: _____
Position held: _____	Date: MM / DD / YY

ADDITIONAL INFORMATION: