Canada WorldWide
Underwriting Agencies Inc.

Oil & Gas Service Contractor Application

OFFICE USE ONLY:
Office: _____ Underwriter: _____

1. Name of Applicant (Named Insured): _____
_____

2. Is Named Insured status requested for any other entities? If yes please attach name and operation of each: ____
_____

3. Do any requested Named Insureds have subsidiary, related or affiliated companies not stated in 1 or 2 above? If yes please provide name and operation of each:
_____

4. Address: _____
_____

5. Website Address:

6. OPERATIONS:
a) Description of Operations or Industry of the Applicant (Please be specific). Attach copies of all oilfield service and supply directory advertisements. Please provide Website address if applicable: _____
_____

b) How long has the applicant been in this line of business? _____ years.

c) Do the operations in any way involve the manufacturing, installation, wholesale or retail sales or the repair of "Blow-Out Preventers"? Yes No

d) Do any of the operations involve welding? Yes No
If yes, please explain _____
_____

e) Do any of the operations include the use of radioisotopes? Yes No
If yes, attach a copy of your Radioisotope License.

f) Is a written contract required for all jobs? Yes No
If no, indicate annual percentage of Gross Revenue that is performed without a contract: _____
Please attach a sample of any non CAODC contracts used.

g) Do you perform any work offshore? Yes No
If yes please describe fully: _____
_____

h) Do you have a formal company safety program? Yes No
Please describe or provide a copy of the company safety manual: _____
_____
_____
_____

i) Attach copy of your Health & Safety Certificate.

7. SUBCONTRACTORS:

a) Do you hire subcontractors? Yes No
If yes, please describe all subcontractor operations: _____
_____

b) Are all subcontractors required to sign a contract before beginning operations?: Yes No
Please attach a sample of the contract used.

c) Indicate the insurance coverage and limits you require for subcontractors?
_ General Liability (limit required): _____
_ Blanket Contractual

_ Products/ Completed Operations
_ Pollution (limit required):_____
_ Auto Liability (limit required):_____
_Workers Compensation

d) Are independent contractors required to produce a certificate of insurance for the above coverages prior to beginning operations? Yes No

8. Gross Revenue:

a) Are any sales made or operations performed outside Canada? Yes No
If yes, give full details: _____
_____

b) Please Provide Breakdown in Annual Gross Revenue
Canada: _____
U.S.A.: _____
Other (list Country): _____

9. CONSULTING SERVICES: Complete the following for any person performing consulting activities:

Name	**Type of Consulting**	**Professional Designation**	**Years of Experience**

10. a) Number of Employees i) Inside _____
ii) Field _____
iii) Consultants _____

b) Payroll (Canada only) i) Management & Clerical _____
ii) Field _____
iii) Shop _____

11. WORKERS' COMPENSATION

Are all employees covered by Workers' compensation? Yes No
If no, explain: _____
_____

12. List and provide details of any owned, leased, chartered aircraft or watercraft:
_____
_____

13. Give details of all general liability insurance carried during the past three (3) years:

Claims Made	**Occurrence**	**Policy Number**	**Insurer**	**Policy Limit**	**Policy Period**
*					
*					
*					
*					

*If the policy is subject to a Retroactive Date, give details:_____
_____

14. CLAIMS HISTORY:

a) Give details of all claims brought against the Applicant during the past five years:

Date of Incident	Amount Paid	Outstanding	Details

b) Are you aware of any incidents, not yet reserved, that may result in claims against you? Yes No
If yes, give details: _____
_____

Please attach copies of all incident reports filed with the Alberta Energy Utilities board during the last 5 years. For risks in provinces other than Alberta please attach copies of all incident reports filed with the regulatory authority for that Province.

c) In the last 5 years has any insurer cancelled, declined or refused to issue your company any form of liability insurance? Yes No

If yes, please provide details _____

15. Limits of Insurance required:
Commercial General Liability: $ Each Occurrence Limit
Products/Completed Operations Aggregate Limit: $
Deductible All Losses: $

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.
Protection and Electronic Documents Act (PIPEDA)

_____
(Print Name of proposed insured)

_____ _____
Signature of Insured & Title Date

_____ _____
Signature of Broker Date

_____ _____

Witness

Date