



Oilfield Consultant Application

OFFICE USE ONLY:

Office: _____ Underwriter: _____

APPLICANT

Name of Insured: _____

Address: _____

Phone #s: Work _____ Home _____ Cell _____ Fax _____

1. Type of work (Describe in Detail) _____

2. What percentage of work is done. In the field _____% In the office _____%

3. Estimated annual receipts \$ _____

4. Is any work done in the U.S.? Yes _____ No _____ If yes, what percentage and where? _____

Any Foreign exposure? Yes _____ No _____ If yes, what percentage and where? _____

5. What companies are you currently contracting work with? _____

6. Does the Insured have any direct responsibility for on site work? Yes _____ No _____

Does the Insured make decisions on his own authority that will effect the site operations? Yes _____ No _____ If yes, describe: _____

Oilfield Consultants Liability Questionnaire / Application

7. Does the Insured hire any sub-contractors? Yes _____ No _____ If yes, please describe.

a) What amount of work is sublet annually \$ _____

b) What kind of work is sublet _____

c) Does the money for payment of the sub-contractors flow through the consultants business? _____

- d) Do you have any sub-contractors that work exclusively for you, and for which you are responsible for arranging insurance.
 Yes _____ No _____ If yes, please give full details. _____

8. Does the Insured work directly with tools and equipment? Yes _____ No _____ If yes, describe _____

9. What academic qualifications does the Insured have? _____
10. What current certificates does the Insured hold? (i.e. H2S, Loss Control, Drilling, etc.)

11. Describe the type and length of previous experience.

12. Describe any other training that has not been mentioned above.

13. Does the Insured perform any operations with respect to manufacture, installation, maintenance, or service of blow out prevention equipment of any type. If so, describe. _____

14. Previous Insurer _____ Policy # _____
 Property Damage Deductible on prior policy? Yes _____ No _____
 Amount \$ _____
15. Claims experience. Describe all liability issues or incidents paid, or reserved, since the insured has been working in his field (includes dates and amounts)

16. 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