



DRILLING CONTRACTOR SUPPLEMENTAL APPLICATION

1. Named Insured:

Please provide the full legal name of the insured entity:

2. Additional Named Insureds:

Are there any additional entities requesting Named Insured status? ☐ Yes ☐ No

3. Affiliates and Related Entities:

Do any Named Insureds have subsidiaries, affiliates, or related entities not listed above? ☐ Yes ☐ No

If yes, please provide the name and a brief description of operations for each:

4. Safety Program:

Does your organization maintain a formal safety program? ☐ Yes ☐ No

If yes, please identify the individual or department responsible for administering the program:

5. Safety Meetings:

Does your organization conduct regular safety meetings? ☐ Yes ☐ No

If yes, please indicate the frequency of these meetings:

6. Department of Transportation (DOT) Compliance:

Is your organization subject to Department of Transportation (DOT) regulations? ☐ Yes ☐ No

7. Employee Turnover: What is your annual employee turnover rate? _____ %

8. Average Employee Tenure: Please indicate the average length of employment for the following positions:

- Tool pushers: _____
- Drillers: _____

9. Leased Employees: Do you lease employees from any third-party providers? ☐ Yes ☐ No

10. Drug and Alcohol Testing: Do you conduct employee drug and/or alcohol testing? ☐ Yes ☐ No

If yes, please attach details of your testing program.

11. Rig Operations:

- Total number of rigs owned/operated: _____
- Average number of rigs in operation: _____

12. Wells Drilled – Prior Year: Please indicate the number of wells drilled in the past year by total depth:

- 0' – 3,000': _____
- 3,001' – 7,500': _____



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- 7,501' – 12,000': _____
- Over 12,000': _____

13. Wells Drilled – Please estimate the number of wells to be drilled in the upcoming year by total depth:

- 0' – 3,000': _____
- 3,001' – 7,500': _____
- 7,501' – 12,000': _____
- Over 12,000': _____

14. Contract Type – Footage Basis: What percentage of your work is performed on a footage basis?
_____ %

15. Contract Structure Breakdown:

Please indicate the percentage of work performed under each contract type (Total must equal 100%):

- No written contract: _____ %
- Letter agreement: _____ %
- Standard API or IADC contract: _____ %
- Other (please specify): _____ %

****Please attach copies of any contracts used that are not standard API or IADC forms****

16. Wet Location Operations: Do you perform, or subcontract to others, any operations at “wet” locations? ☐ Yes ☐ No

“Wet locations” include operations conducted in, over, or upon any watercourse, body of water, bog, marsh, swamp, or wetland.

If yes, please provide a detailed description of such operations:

17. Subcontracted Operations: Please indicate the types of operations you typically subcontract to others (check all that apply):

- ☐ Cementing
- ☐ Electrical
- ☐ Instrument Logging
- ☐ Mechanical
- ☐ Mud Logging
- ☐ Rat-Hole Drilling
- ☐ Rig Erection & Dismantling
- ☐ Rig Moving
- ☐ Running Casing
- ☐ Site Preparation
- ☐ Welding
- ☐ Wireline Services
- ☐ Other (please describe): _____



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18. Subcontractor Insurance Requirements: Please indicate which of the following requirements you impose on your subcontractors (check all that apply):

- ☐ Certificate of Insurance (COI)
- ☐ Additional Insured status in your favor on the subcontractor's policy
- ☐ Waiver of Subrogation in your favor
- ☐ Subcontractor's insurance to be primary and non-contributory

19. Master Service Agreements (MSAs): Do you require subcontractors to have a fully executed Master Service Agreement (MSA) on file prior to commencing work? ☐ Yes ☐ No

a. If yes, which form(s) of MSA do you utilize? ☐ API ☐ IADC ☐ Other (please attach)

b. If yes, please describe your company's MSA requirements and guidelines (e.g., whether MSAs are required for all subcontractors, only for certain operations, based on contract value, or other criteria):

20. Subcontractor Insurance Requirements – Coverages & Limits:

Please indicate the insurance coverages you require of your subcontractors and specify the minimum limits required for each:

Coverage	Minimum Limits Required
☐ General Liability	_____
☐ Blanket Contractual Liability	_____
☐ Products / Completed Operations	_____
☐ Underground Resources Coverage	_____
☐ Pollution Liability	_____
☐ Automobile Liability	_____
☐ Workers' Compensation	_____
☐ Umbrella / Excess Liability	_____



DECLARATION AND SIGNATURE

I have read this Application and, to the best of my knowledge and belief, confirm that all statements and information provided herein, including any attachments, are true, accurate, and complete. This information is submitted to the insurer for the purpose of obtaining insurance coverage.

I understand and agree that if any information provided in this Application or any attachments is materially false, inaccurate, or incomplete, the insurer may have the right to deny coverage or cancel any policy issued based on this information.

Signature of First Named Insured: _____

Title: _____ **Date:** _____

(This Application must be signed by the First Named Insured and may not be signed by the Producer.)

Submitted by (Producer): _____

FRAUD WARNING

Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing materially false information or conceals information for the purpose of misleading concerning any material fact, commits a fraudulent insurance act, which is a crime and may be subject to penalties under applicable law.