



Small *B*usiness *U*nderwriting Center

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Oil and Gas Questionnaire

Broker: _____

Insured: _____

Address: _____

Effective : _____

I. APPLICANT INFORMATION

1. Insured is : (Check all that apply)

- An investor owning a non-operating working interest in oil & gas wells
- An operator owning working interest in wells and manages owned or co-owned lease operations.
- A lease operator by contract who does have a working interest in the wells
- A developer who as a operator, contracts to have wells drilled and, when completed, tease is turned over to others for operation.
- A promoter selling drilling prospects to operators for a carried interest in wells
- Other _____

2. Years experience in the oil and gas business _____

II. NON-OPERATING WORKING INTEREST OWNER INFORMATION

- 1. Do you maintain certificates of insurance from well operators? Yes No
- 2. Are you named an an additional insured on the operator's policy? Yes No
- 3. Indicate the number of wells with working interests of:
 - a. 0-15% _____
 - b. 16-25% _____
 - c. 26-50% _____
 - d. over 50% _____

4. For each state, indicate the number of non-operated oil & gas wells:

State	Oil	Gas
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Are there any wells within 1,000 feet of an occupied residence? Yes No
If yes, how many wells? _____

Are there any wells located within the corporate limits of any city or town?
 Yes No

Are there any wells located in an ocean, gulf, bay, marsh or any other body of water?
 Yes No

6. What are the annual costs billed to you for your non-operating interest?
In oil and gas wells? \$ _____

III. OPERATOR INFORMATION

a. Well Information

1. For each state, indicate the number of operated producing and shut in oil & gas wells?

State	Oil	Gas
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are there any wells within 1,000 feet of an occupied structure? Yes No
If yes, how many?(Submit a list indicating the specific location of well(s), distance
To the structure, and structure occupancy)

Are there wells located within the corporate limits of any city or town? Yes
 No

Do you supply domestic house gas? Yes No
If yes, how many houses? _____

Is there a pressure regulator for each hookup? Yes No

Is there an odorization wick for each hookup? Yes No

Are any wells located in an ocean, gulf, bay, marsh, or other body of water?
 Yes No

Are there any wells in a railroad right-of-way? Yes No If yes, how many?

3. How many wells have you had drilled by sub-contractors within the last 12 months?

4. Are you planning any horizontal wells during the policy period? Yes No

5. How many wells do you plan to drill at the following depths during the policy period?

- Less than 2,500 feet?
- Less than 5,000 feet?
- Less than 7,500 feet?
- More than 7,600 feet?

6. Do you operate any recovery operations? Yes No

7. Do you operate or have an ownership interest in any gas processing or gasoline recovery (distillate) plants (Fmil?)

Yes No

If yes, give details:

8. Do you operate any gas sweetening plants? Yes No

If yes, how many?

a. Indicate safety controls and ppm of H₂S being scrubbed at each plants.

b. What are adjacent exposures with ¼ mile of each plant?

9. How many salt water disposal wells will you operate during the policy period?

a. How many penetrate known producing zones?

b. How many abandoned disposal wells are on leases you operate?

10. Have there been any spills or releases of crude, sludge, saltwater or other waste that has resulted in a pollution incident during the last five years?

Yes No

If yes, how many? Explain.

11. List prior or current events, situations or conditions which in your view can or may lead to future pollution or environmental impairment claims against your company.

b. PIPELINE INFORMATION

If you operate pipelines or gathering systems other than those for house gas, Please complete this section.

1. Does the pipeline supply any end users? Yes No
2. Does the pipeline transport only your product? Yes No
3. Does the pipeline run through any towns, cities or populated areas?
 Yes No
4. Indicate the length of pipeline with outside diameter greater than 4".

5. What is the diameter of the largest pipeline? _____
6. What is the maximum operating pressure of the pipeline system?

7. What is the maximum design pressure of the pipeline?

8. Are any pipelines above 2" of design pressure?
9. Are all underground pipelines going through farmland buried at least 36"?
 Yes No
10. Do any pipelines cross railways or roadways, rivers or streams?
 Yes No If yes, how are they protected and marked?

IV. EMPLOYEE INFORMATION

1. Are wells operated by your employees? Yes No If yes, list payroll by state
And class:

State	Class	Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Which operations are performed by your employees on your wells or on Other operator's wells?

	For Yourself	For Others
Addizing	_____	_____
Casing Installation and Pulling	_____	_____
Cementing	_____	_____
Drilling and Redrilling	_____	_____
Equipment Inspection and Repair	_____	_____
Fracturing	_____	_____
Land Clearing and Grading	_____	_____

Perforating _____

Pipeline Construction _____

Pipeline Operations _____

Pumping and Gauging _____

Rig and Equipment Hauling _____

Rod and Tubing _____

Swabbing _____

Tank Cleaning _____

Wireline operations _____

Other (Please explain) _____

V. CONTRACTOR INFORMATION

1. Do you require independent contractors to sign Master Service Agreements before you grant permission to begin work? Yes No
 If yes, which Master Service Contractual Indemity Agreements are used?

IADC AOSC API Other

(Submit copies of contractual indemity agreements other than the standard IADC, API, AOSC, and insurance requirements)

2. How are drilling jobs contracted? No contract used applicable
 If contracted, which agreement is used?
 Turnkey Day Work IADC API Footage
 Other

3. What amount do you expect to spend annually for contractors listed below?

Lease Operations \$ _____
 Workover \$ _____

Drilling \$_____

4. Do you require minimum limits of liability coverage equal to your own?
 Yes No
If no, what minimum limits are required? _____
5. Do you maintain certificates of insurance for your contractors? Yes
 No
6. Is a Waiver of Subrogation required of drillers and service contractors?
 Yes No
7. Are you named an an additional insured on contractors policies? Yes
 No

DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements and information in this survey are true. The company is hereby authorized to make any investigation and inquiry in connection with the survey that it deems necessary.

Date: _____

Title: _____

Signed: _____

Submitted By: _____