



**AIG Oil Rig**

A Division of American International Companies<sup>®</sup>

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Houston, TX 77057  
Phone (713) 268-8880  
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## CONTROL OF WELL APPLICATION FORM

(Please type or print)

New \_\_\_\_\_

Renewal \_\_\_\_\_

Dun & Bradstreet No \_\_\_\_\_ Tax I.D.No. \_\_\_\_\_

Period of Insurance: from \_\_\_\_\_ to \_\_\_\_\_

1. Complete name and current address of Insured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact/Phone: \_\_\_\_\_

2. Additional Insureds:

\_\_\_\_\_  
\_\_\_\_\_

3. Describe Insured's business and/or interest with regard to oil and gas wells:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Insured is primarily (check one): \_\_\_\_\_ an operator, \_\_\_\_\_ a contract operator,  
or \_\_\_\_\_ a non-operator with a working interest.

5. If the Assured is a Contract Operator, please describe their operations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does the Assured own Drilling Contractor operations or engage in drilling contractor work for others? If so, please describe their operations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How long in business? \_\_\_\_\_

8. Limit of Liability: \_\_\_\_\_ CSL A.O.A.O.O.  
 \_\_\_\_\_ CSL A.O.A.O.O.

9. Deductible: \_\_\_\_\_ CSD A.O.A.O.O.  
 \_\_\_\_\_ per section A.O.A.O.O.

10. Check options our quotation should include:

- |  |   |
|--|---|
| <input type="checkbox"/> Control of Well         | <input type="checkbox"/> Care, Custody & Control            |
| <input type="checkbox"/> Seepage and Pollution   | Sublimit: _____   |
| <input type="checkbox"/> Cost of Redrill         | Deductible: _____   |
| <input type="checkbox"/> Replacement Cost        | <input type="checkbox"/> Joint Venture Contingent Liability |
| <input type="checkbox"/> 100% Cost of Redrill    | <input type="checkbox"/> Making Wells Safe                  |
| <input type="checkbox"/> 130% Cost of Redrill    | <input type="checkbox"/> Deliberate Well Firing             |
| <input type="checkbox"/> Extended Perils Redrill | <input type="checkbox"/> Removal of Wreck/Debris            |
| <input type="checkbox"/> Evacuation Expense      | <input type="checkbox"/> Contingent Control of Well         |
| <input type="checkbox"/> Underground Blowout     | for Drilling Contractor Applicants                          |

11. Please give total estimate for this year and next year and actual for last year in respect of all proposed Insureds:

	Prior Year	Current Year
A. Annual Receipts or Sales	_____	_____
B. Gross Drilling Footages	_____	_____
C. Net Drilling Footage	_____	_____
D. Gross Producing footage	_____	_____
E. Net Producing footage	_____	_____

12. Please complete attached sheets indicating the following:

- Number of wells to be drilled
- AFE of each well to be drilled
- Depths of all wells
- Number of wells to be worked over
- Location of all wells
- Depths of all wells
- Assured's interest in each well

13. Please identify or attach separately details of any directional wells which are to be drilled during policy period.

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14. Please identify or attach separately details of any horizontal wells to be drilled during the policy period using "Producing While Drilling" techniques:

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15. Has Control of Well Insurance been purchased previously? \_\_\_ Yes \_\_\_ No

Previous Carriers: \_\_\_\_\_  
\_\_\_\_\_

16. Has any Insurer ever canceled or refused to renew coverage? (if yes, give details)

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17. Provide complete details with regard to any and all OEE losses (insured and uninsured) the Insured has suffered in the past five (5) years (include date, location, type of loss, original gross claim, Insured's interest or net claim, current status of claim).

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18. Drilling Contractor(s) Insured planning to use:

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19. Types of Drilling Contracts to be Utilized: (Check Where Applicable)

\_\_\_\_\_ Daywork    \_\_\_\_\_ Footage    \_\_\_\_\_ Turnkey

20. Additional Remarks: \_\_\_\_\_

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The person completing this application on behalf of all persons and/or entities for whom coverage is requested affirms that all the information contained herein is complete and correct to the knowledge of all persons and/or entities who may be covered.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Name & address  
of agent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information herein is for the purpose of obtaining a proposal or quotation for insurance from any one of several insurance companies and creates no obligation on the part of the Insured unless proposal or quotation is offered and accepted.



