

APPLICANT INFORMATION

First Named Insured: _____

Mailing Address: _____

Other Named Insureds: _____

Partnership/Corporation/Individual: _____

Years in Business: _____

Description of Operations: _____

Website Address: _____

Inspection Contact (Name): _____

Telephone: _____

Email: _____

Additional Interests (include names and interest such as loss payee, mortgagee, etc.):

GENERAL POLICY INFORMATION

Effective Date/Expiration Date: _____

Billing (Agency or Direct): _____

Payment Plan: _____

UNDERWRITING INFORMATION

Description of leases: _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is a schedule of leases attached?
(must have a breakdown of equipment and values per lease) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the schedule of lease sites include any Saltwater Disposal Wells? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does it include Injection Wells? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is coverage for crude oil in tanks at the lease site required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please give the values by lease. _____ | | |

CONDITION OF COVERED PROPERTY

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are the amounts of insurance in compliance with the coinsurance clause? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the valuation of each item on the lease include labor costs to replace the item? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



3. Equipment Maintenance:

Are preventative maintenance programs in place?

☐ Yes ☐ No

Are records maintained?

☐ Yes ☐ No

PROTECTIVE DEVICES AT THE LEASE SITES

1. Does each lease site have lightning protection devices?

☐ Yes ☐ No

If Yes, please describe. _____

2. Does each lease site have grounding controls in place?

☐ Yes ☐ No

If Yes, please describe. _____

3. Does each lease site have anti-static controls in place?

☐ Yes ☐ No

If Yes, please describe. _____

4. Describe the fire suppression controls that are in place at a well site: _____

PRIOR CARRIER INFORMATION

YEAR	CARRIER	POLICY NUMBER	PREMIUM	LOSSES Attach a minimum of 3 years of hard copy loss history

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANT

Name: _____

Position: _____

Address (City, State, Zip):

Signature: _____

Date: _____

AGENT

Name: _____

Position: _____

Address (City, State, Zip):

Signature: _____

Date: _____