



Citadel Insurance Services
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Oil & Gas Service Contractors Supplemental Application

GENERAL INFORMATION	
Named Insured:	
Mailing Address:	Location Address:
States in which applicant operates:	
Date Business Started:	Years of experience as a Service Contractor:
Has applicant acquired any new entities in the past five (5) years? Yes No	
Projected gross sales:	Projected gross field payroll:
Have gross sales changed from last year? *Yes No <i>*If so, how much?</i>	
Does the applicant perform any operations in refineries and/or petrochemical plants? *Yes No <i>*If yes, please provide details:</i>	
Does the applicant perform any operations offshore or over the water (including marshes, swamps, bogs, etc.)? *Yes No <i>*If yes, please provide details:</i>	
Complete description of operations:	

EMPLOYMENT PRACTICES/SAFETY PROGRAM		
	Yes	No
Total number of employees:		
Percentage of turnover in last 12 months:		
Are job applications reviewed prior to employment?		
Are references checked prior to hiring?		
Are physical exams done prior to hiring?		
Are written job descriptions used?		
Is applicant's safety program in writing?		
Is safety training given to all employees?		
How often are safety meetings held?		
Are pre-employment MVRs obtained on all people in driving positions?		
Are MVRs reviewed annually on all employees?		
Are employees driving records tied to their job performance review?		
Is drug & alcohol testing performed?		
<i>If yes, when?</i> Pre employment _____ Post Accident _____ Reasonable Suspicion _____ Random _____		
Is there a cell phone policy in place?		
Are accidents investigated with documentation and corrective action taken?		
Is there a Hazardous Material communication program in place?		
Is there a safety incentive bonus program in place?		
Does applicant provide workers compensation for all employees?		
MOTOR VEHICLE		
	Yes	No
Is there a written driver and/or fleet safety program?		
Does it include a written policy restricting personal use of company vehicles?		
<i>If personal use is allowed, please explain:</i>		
Does applicant allow employees to take vehicles home at night?		
Does applicant allow youthful family members to operate company vehicles?		
Does applicant have scheduled vehicle maintenance?		
Are regular pre-trip and post-trip inspections conducted?		
Do drivers exceed a 50 mile radius on a frequent or regular basis? _____ % of the time?		
Does applicant hire or rent any vehicles through the year?		
<i>If yes, how many times? 15 or less () 16-25 () more than 25 ()</i>		
Do any employees regularly use their own vehicles for company business?		
Does applicant own/rent any watercraft?		
Does applicant own/rent aircraft?		
<i>If yes to any of the two questions above, please explain:</i>		
Are certificates of insurance obtained?		
What are the minimum liability limits required?		

CLASS OF OPERATIONS		
Type of Operation	Payroll	Gross Sales
Acidizing/Fracturing		
Blowout Preventor Installation		
Casing		
Cementing		
Cleaning/Swabbing		
Dealers of Equipment or Supplies (see below also)		
Dismantling or Erection of Rigs		
Drilling (see below also)		
Electrical		
Equipment or Supply Rental (see below also)		
Excavation/Dirt Work		
Flowline/Waterline		
Gauging		
Hot Oil		
Hydrostatic Testing		
Instrument Logging or Survey Work		
Land Clearing/Road Building (see below also)		
Mud Logging		
Painting/Sand Blasting		
Perforating		
Pipeline Construction (see below also)		
Roustabout		
Site Preparation		
Snubbing		
Salt Water Disposal		
Trucking		
Vacuum Truck		
Welding		
Well Servicing (see below also)		
Wireline		
Well Completion		
Well Plugging		
Workover		
If none of the above, please complete:		
Type of Operation	Payroll	Gross Sales

DRILLING AND SERVICING CONTRACTORS		
	Yes	No
Any Drilling/Servicing in high pressure areas?		
Are blowout preventors used in all geographic areas where standard industry practice calls for their use?		
Is documentation maintained on the BOPs?		
Are owned BOPs tested and certified?		
Are gas sniffers used on all rigs in areas exposed to H ₂ S?		
Are rig up/down procedures formalized & documented?		
Any installation or dismantling of derrick other than those owned by the applicant?		
Are self-assessment checklists utilized and documented?		
Type of Drilling: _____ % CBM _____ % Oil _____ % Water Any Directional/Horizontal Drilling? <i>If yes, percentage of work:</i> _____ %		
Does applicant use a contract form other than IADC? <i>If yes, attach a copy</i>		
Does applicant drill under Turnkey agreements? <i>If yes, approx. percentage?</i> _____ %		
Number of active drilling rigs: _____		
Number of drilling rigs stacked over 30 days: _____		
Maximum depth rating of drilling rigs: _____		
Estimated number of wells T. B. D. this year as a contractor: _____		
Type of Servicing Work:		
Does applicant do any well completion work? <i>If yes, what type?</i>		
Number of Well Servicing Rigs:		
Number of Workover Rigs:		
Maximum depth rating of servicing/workover rigs:		
Does applicant work under an MSA? <i>If yes, attach a copy</i>		
EQUIPMENT OR SUPPLY DEALERS		
	Yes	No
Gross sales of new equipment: \$ _____ Gross sales of used equipment: \$ _____		
Is applicant refurbishing used equipment?		
EQUIPMENT OR SUPPLY RENTALS		
Gross sales with operator: \$ _____ <i>If any, please provide details:</i>		
Gross sales without operator: \$ _____		

LAND CLEARING/ROAD BUILDING

As applicant involved in any land clearing/road work for other than oil and gas leases?

*Yes

No

If yes, please give details:*PIPELINE CONSTRUCTION**Check all that apply:
Please describe:

Gathering & Flow

Transmission

Other

Annual amount of pipeline constructed that is less than 4 inches in diameter: _____ miles

Annual amount of pipeline constructed that is 4-10 inches in diameter: _____ miles

Annual amount of pipeline constructed that is more than 10 inches in diameter: _____ miles

Percentage of pipeline that is above ground: _____ %

Average depth of below ground pipeline: _____

Any pipeline construction within the city limits?

*Yes

No

If yes, please provide details:*SUBCONTRACTORS INFORMATION****Subcontracted Operations:****Subcontractors Cost:**

Do all subcontractors sign a Master Service Agreement?

Yes

No

Does applicant obtain Certificates of Insurance from all subcontractors?

Yes

No

What limits of liability are required of applicant's subcontractors? _____

Is applicant named as an Additional Insured on all subcontractors' policies?

Yes

No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____