



Insurance Program Managers
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 FEinsurance.com
 In CA dba: FEI, Insurance Services #OC73812



APPLICATION FOR ROUSTABOUT SERVICES

APPLICANT		DATE
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	WEB ADDRESS	
Specify the date that the applicant initially commenced operations or was formed or incorporated:		
Applicant is an: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER		
States in which you work:		

Enter firm's gross revenue for the last three policy years below:

\$ _____ Estimated gross revenue for the upcoming policy year; Land _____% Over Water _____%

\$ _____ 1st prior policy year's revenue

\$ _____ 2nd prior policy year's revenue

If the applicant works offshore or over water (bay, marsh or other body of water), please provide full particulars:

Number of Owners/Officers of the company:

Please provide percentage of gross revenue derived from the following operations:			
Services (amounts to equal 100%)			
Acidizing	_____%	Mechanical	_____%
Carpentry	_____%	Meter/Gauge Readers	_____%
Casing Installation/Recovery	_____%	Owner/Operator of Oil & Gas Leases	_____%
Cementing/Paving (street or road construction)	_____%	Painting	_____%
Concrete (not casing completion)	_____%	Perforation Services	_____%
Dredging (including cleaning out of mud pits)	_____%	Pesticide/Herbicide Application	_____%
Drilling	_____%	Pipe Line Construction	_____%
Electrical	_____%	Plumbing	_____%
Equipment Rental	_____%	Pumper/Gauger Operations	_____%
Fabrication/Manufacturing	_____%	Pumpjack/Well Site Maintenance	_____%
Fencing	_____%	Rig Erection/Dismantling	_____%
Fishing Contractors	_____%	Tank Battery Erection	_____%
Flowback Work	_____%	Water Hauler (clean water and/or dirty water)	_____%
General Site Cleanup/Revegetation	_____%	Welding	_____%
General Site Preparation (land clearing/excavation/grading)	_____%	Well Logging Services	_____%
Geophysical Exploration	_____%	Wireline Services	_____%
Hot Oil works	_____%	Other (please describe)	_____%

SUBLET SERVICES:

- (a) Is the applicant responsible for hiring subcontractors? Yes No
- (b) If the applicant is not responsible for hiring sub contractors, who is? _____
- (c) Are certificates of insurance from subcontractors kept on file? Yes No
- (e) Are all subcontractors hired under written contract? Yes No
- (f) Do sub-contracts contain indemnification provisions in favor of the Applicant? Yes No
- (g) Is the applicant named as additional insured on subcontractor's policies? Yes No
- (h) Does the applicant require a waiver of subrogation endorsement from subcontractors? Yes No
- (i) What is the estimated cost of subcontracted work for the next fiscal year? _____

CURRENT INSURANCE COVERAGE:

Commercial General Liability	
None: _____ Occurrence _____ Claims Made _____	
1) Carrier: _____	4) Premium: _____
2) Limit of Liability: _____	5) Expiration Date: _____
3) Deductible: _____	6) Retroactive Date: _____

Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant?

Yes No. If "Yes," provide full particulars: _____

BUSINESS PRACTICES:

Does the Applicant sign a standard written contract with its clients? Yes No. If "Yes", please answer the following:

- (a) Does the form contain an indemnification clause? Yes No
- (b) Is the indemnification mutual? Yes No
- (c) Does the applicant assume the sole negligence of its clients? Yes No. If "Yes", please provide a copy of the agreement.

Is the Applicant aware of any injury sustained by a person or damage occurring to tangible property (including fire or storm damage) having happened on a project during the immediate past five (5) years? Yes No. If "Yes," provide full particulars and indicate if the circumstance has been reported to the Applicant's liability carrier:

Has a claim (defined for the purpose of this question as a written or oral demand for money, services or the remedying of an alleged defect) ever been made against the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has assumed the liability over the past five (5) years? Yes No. If "Yes," provide full particulars and indicate if the claim has been reported to the aforementioned liability carrier:

Other than as may have been answered in the foregoing, is the Applicant aware of a circumstance that would cause a person to reasonably infer that a claim could arise therefrom? Yes No. If "Yes," provide full particulars:

THE FOLLOWING ATTACHMENTS SHOULD BE INCLUDED

17. Attach a **resume** for each of the Applicant's principals and any other key personnel.

Applicant Signature

Date