



**OIL & GAS CONSULTANT'S QUESTIONNAIRE**

1. Name of Applicant: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Location Address: \_\_\_\_\_

4. Years of experience as a consultant \_\_\_\_\_.  
(If this is a new venture, please include details of the applicant's experience, including a copy of the applicant's resume or a summary of the applicant's professional qualifications.) \_\_\_\_\_

5. Annual projected total gross revenue: \$ \_\_\_\_\_; \_\_\_\_\_% land \_\_\_\_\_% over water  
Annual projected gross payroll: \$ \_\_\_\_\_

6. Specify the total numbers of employees including principals:  
a. Petroleum Engineers: \_\_\_\_\_ e. Draftsmen, Technicians, Inspectors, Surveyors \_\_\_\_\_  
b. General Engineers other than above: \_\_\_\_\_ f. Clerical and Accounting Employees: \_\_\_\_\_  
c. Geologists or Hydro geologists: \_\_\_\_\_ g. Administrative Management: \_\_\_\_\_  
d. Field supervisors: \_\_\_\_\_ h. Other: Specify: \_\_\_\_\_  
Total number of employees: \_\_\_\_\_

7. Specify the approximate percentage of services provided by the Applicant for each of the following categories:  
a. Refineries, Gas Plants, Petrochemical Plants \_\_\_\_\_% d. Over Water \_\_\_\_\_%  
b. Oilfield \_\_\_\_\_% e. Environmental \_\_\_\_\_%  
c. Industrial Plants \_\_\_\_\_% f. Other \_\_\_\_\_%

8. If the applicant works offshore or over water (including swamps, marshes, bogs, etc.), please provide the full particulars: \_\_\_\_\_

9. Please list and describe the last 5 projects completed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please provide the specifics of the work you are currently contracted to perform:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you responsible for hiring and/or firing subcontractors?  Yes  No

12. If you are not responsible for hiring sub contractors, who is? \_\_\_\_\_

13. Do you exercise control over the subcontractor's activities or direct their activities in any way?  Yes  No

14. What percentage of your work is at the lease site? \_\_\_\_\_%

15. Do you carry separate Professional Liability Coverage?  Yes  No  
If so, please provide carrier, limits of liability and effective dates of coverage. \_\_\_\_\_

16. Please provide details on any liability claims made against you in the past 3 to 5 years, including professional liability. \_\_\_\_\_

14. Do all of the contractors at the site understand that you are here only to observe their work and that you can't instruct them on how they should perform their work?  Yes  No

15. Do all of the contractors at the site know that you can't stop or change their work without instructions from the operator?  Yes  No

18. Do you require your subcontractors to sign a Master Service Agreement (MSA) with you before you hire them?  Yes  No

19. Are you named as an Additional Insured on the subcontractor's policies?  Yes  No

20. Do you require a waiver of subrogation endorsement from subcontractors?  Yes  No

21. Do you sign a contract with your clients?  Yes  No  
"Yes," what type \_\_\_\_\_

Does it contain indemnification and/ or "hold harmless" wording?  Yes  No  
Is the indemnification and "hold harmless" wording mutual or does it favor one party over the other? \_\_\_\_\_

22. Do you sign contracts or work orders with the subcontractors?  Yes  No  
signed in your name or on behalf of your client?  Yes  No  
Do you have permission from your client to sign contracts or work orders with the subcontractors on their behalf?  Yes  No

\* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states

**WARRANTY**

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its, owners, partners, directors, officers and employees.

Signature and title of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_