

Oil & Gas Equipment Dealer's Supplemental Questionnaire

800 Gessner, Suite 600 · Houston, Texas 77024
Submissions: oil-gas@skywardinsurance.com

Applicant/Insured Name:

Description of equipment sold:

| | |
|--|---|
| Percentage of new equipment: <input style="width: 80px;" type="text"/> % | Percentage of used equipment: <input style="width: 80px;" type="text"/> % |
| Receipts from new equipment: \$ <input style="width: 200px;" type="text"/> | Receipts from used equipment: \$ <input style="width: 150px;" type="text"/> |
| Does applicant pick up or deliver any equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Who loads/unloads the equipment? | |

NEW EQUIPMENT

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Does the applicant obtain Certificates of Insurance from manufacturers or wholesale dealers indicating products coverage? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are any items manufactured overseas or by non-domestic manufacturers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Does insured certify or provide any guarantees or warranties on new equipment? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If so, which ones: | | | | |
| Does applicant have documentation procedures in place for all new equipment? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do those procedures document: | | | | |
| Where the equipment was obtained and the dates obtained: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| What warranties exist from the manufacturer? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Who the equipment was sold to? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| That warranties & proper use were discussed with the buyer/user? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| What is the retention period of documentation? | | | | |

USED EQUIPMENT

Does the applicant perform any reconditioning/testing of used equipment?

| | | |
|--------------------------|-----|--------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> |
|--------------------------|-----|--------------------------|

Describe:

| |
|----------|
| |
|----------|

Does insured certify or provide any guarantees or warranties on used equipment?

| | | |
|--------------------------|-----|--------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> |
|--------------------------|-----|--------------------------|

If so, which ones:

| |
|----------|
| |
|----------|

Does applicant have documentation procedures in place for all used equipment?

| | | |
|--------------------------|-----|--------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> |
|--------------------------|-----|--------------------------|

Do those procedures document:

Where the equipment was obtained and the dates obtained?

| | | |
|--------------------------|-----|--------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> |
|--------------------------|-----|--------------------------|

All previous reconditioning/testing performed on the equipment?

| | | |
|--------------------------|-----|--------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> |
|--------------------------|-----|--------------------------|

Who the equipment was sold to?

| | | |
|--------------------------|-----|--------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> |
|--------------------------|-----|--------------------------|

The warranties and proper use of equipment was discussed with buyer/user?

| | | |
|--------------------------|-----|--------------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> |
|--------------------------|-----|--------------------------|

What is the retention period of documentation?

| |
|----------|
| |
|----------|

INSTALLATION/SERVICE

Payroll for installation and servicing work:

\$

Percentage of installation and servicing work contracted to others:

| | |
|----------------------|---|
| <input type="text"/> | % |
|----------------------|---|

Percentage of installation and servicing work performed in shop:

| | |
|----------------------|---|
| <input type="text"/> | % |
|----------------------|---|

Percentage of installation and servicing work performed in the field:

| | |
|----------------------|---|
| <input type="text"/> | % |
|----------------------|---|

Insured Signature / Date

Agent Signature/ Date