

**Oil & Gas Supplemental Questionnaire**

800 Gessner, Suite 600 · Houston, Texas 77024

Submissions: oil-gas@skywardinsurance.com

**GENERAL INFORMATION AND OPERATIONS:**

Applicant/Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please provide a narrative of the applicants operations (Include all entities):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Individual:  Partnership:  Joint Venture:  Corporation:  Other:

Years in business: \_\_\_\_\_ (If under 5 years, please provide resume(s) of Principal(s) and/or Partners)

Years of experience of Principal(s): \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Any leased employees? \_\_\_\_\_

List ALL states that the insured operates in: \_\_\_\_\_

Service sector(s): Residential: \_\_\_\_\_ %  
 Commercial: \_\_\_\_\_ %  
 Industrial: \_\_\_\_\_ %

Describe any/all residential operations:

\_\_\_\_\_  
 \_\_\_\_\_

Do you perform any work in refineries and/or petrochemical plants?  YES  NO

Are any operations performed offshore or over water including:  
 Inland waterways, marshes, swamps, bogs, or other bodies of water?  YES  NO

# SERVICE CONTRACTING OPERATIONS

(Select all that apply)

Gross  
Payroll

Acidizing/Fracturing

Number of Acidizing Units:

Number of Fracturing Units:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company in compliance with the new  
2015 federal hydraulic fracturing rules  
applying to federal lands?

Blowout Preventer Service/ Installation

Bridge Plug Installation

Casing Installation/Removal

Casing Packing

Cementing

Number of Cementing Units:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cleaning/Swabbing

Number of Cleaning/Swabbing Units:

\_\_\_\_\_

\_\_\_\_\_

Derrick Erection or/or Dismantling

Dredging

Fire Fighting

Fishing

Gas Processing

Gas Sweetening

Gauging/Contract Pumper

Heat Treating

Hot Oil

Number of Hot Oil Units:

\_\_\_\_\_

\_\_\_\_\_

Hydrostatic Testing

Instrument Logging

Number of Logging Units:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nipple Up Plumbing

Nitrogen/CO2 Injection

Packer Installation

Painting/Sand Blasting

Paraffin Treatment

Perforating

Number of Perforating Units:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pile Drilling	<input type="checkbox"/>	_____
Pipe Fitting	<input type="checkbox"/>	_____
Pipe Straightening	<input type="checkbox"/>	_____
Pipe Threading/Cutting	<input type="checkbox"/>	_____
Snubbing	<input type="checkbox"/>	_____

**SERVICE CONTRACTING OPERATIONS**

(Select all that apply)

Squeeze Cementing	<input type="checkbox"/>	<b>Gross Payroll</b> _____
Squib Shot Workover	<input type="checkbox"/>	_____
Steam Treating	<input type="checkbox"/>	_____
Surveying	<input type="checkbox"/>	_____
Tank Cleaning	<input type="checkbox"/>	_____
Tool Dressing	<input type="checkbox"/>	_____
Vacuum Truck	<input type="checkbox"/>	_____

Number of Vacuum Units: \_\_\_\_\_

Welding	<input type="checkbox"/>	_____
Well Completion	<input type="checkbox"/>	_____
Well Plugging	<input type="checkbox"/>	_____
Wireline - Explosive	<input type="checkbox"/>	_____
Wireline - Other	<input type="checkbox"/>	_____

Number of Wireline Units: \_\_\_\_\_

Workover - Tubing/Pumps	<input type="checkbox"/>	_____
-------------------------	--------------------------	-------

Number of Workover Units: \_\_\_\_\_

Painting/Sandblasting:	In Shop	_____	%
	In Field	_____	%

What safety steps are taken for overspray?

---



---

How are waste materials collected and disposed?

---



---

**OIL OR GAS WELL SUPPLIES OR EQUIPMENT DEALERS**

	<b>Gross Sales</b>
New	_____
Used	_____
Mud	_____
Chemicals	_____

## Gas or Oil Lease Work by Contractors - Not Lease Operations (Roustabouts)

		Gross Payroll
Backhoe/Backfilling	<input type="text"/>	_____
Crane Operations	<input type="text"/>	_____
Flowline/Waterline	<input type="text"/>	_____
Fluid and/or Saltwater Disposal	<input type="text"/>	_____
Land Cleaning	<input type="text"/>	_____
Lease Beautification	<input type="text"/>	_____
Levee Construction	<input type="text"/>	_____
Pump Installation/Service	<input type="text"/>	_____
Road Building	<input type="text"/>	_____
Slush Pit Construction	<input type="text"/>	_____
Saltwater Hauling for Other	<input type="text"/>	_____
Number of Saltwater Hauling Units:		_____
Trucking for Others	<input type="text"/>	_____
Other:	<input type="text"/>	_____

Describe: \_\_\_\_\_

In addition to Lease Work, does the applicant do any street or road work for land development, residential development or commercial development projects?

YES

NO

### WELDING/CUTTING:

In Shop \_\_\_\_\_ %

In Field \_\_\_\_\_ %

What percentages of the applicant's operations involve welding? \_\_\_\_\_ %

Number of years experience as a welder? \_\_\_\_\_

What welding industry standards does the applicant operate under? \_\_\_\_\_

What does the applicant weld? \_\_\_\_\_

Does the applicant do any welding on pipelines or containers which have previously, or still carry any flammable liquids or gases?

YES

NO

Does the applicant do any "hot tap" work?

YES

NO

If yes, who is responsible for closing valves and bleeding pipelines or testing of containers to make sure they are safe for welding operations?

Percentage of new construction: \_\_\_\_\_ %

Percentage of repair and/or maintenance: \_\_\_\_\_ %

Any welding over-the-hole?  YES  NO

If yes, what percentage of work is over-the-hole? \_\_\_\_\_ %

Does the applicant do any welding in refineries and/or petrochemical plants?  YES  NO

List the companies for which the applicant operates under a contract or agreement to do welding:

---

**PIPELINE INFORMATION:**

Type of Pipeline:	Miles	Maximum Diameter	Maximum Operating PSI	Maximum Design PSI
Gathering Lines (runs between well sites)	_____	_____	_____	_____
Transmission Lines (long distance)	_____	_____	_____	_____
Distribution (runs to end users)	_____	_____	_____	_____

What is the annual amount of pipeline constructed that is:	Gross Payroll
Less than 4 inches in diameter?	_____
4-10 inches in diameter?	_____
More than 10 inches in diameter	_____

What percentage of pipeline is:

Above ground:	%	Below ground:	%
_____	_____	_____	_____

Does the pipeline supply any end users?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, does the applicants interest in the pipeline end at the meter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the pipeline transport the applicants own product?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the pipeline run through any cities, rivers, any other bodies of water?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**INDEPENDENT CONTRACTORS:**

Amount of work subcontracted out (Gross Receipts) \$ \_\_\_\_\_

How are drilling jobs contracted?  Turnkey  Day Work  Footage

Do you require all subcontractors to sign a Master Service Agreement?  
 If so, which one?  API  IADC  AOSC  Other

Which of the following do you require from subcontractors:

- Certificates of Insurance
- Additional Insured status for yourself on the subcontractors insurance policies
- Waiver of Subrogation provisions on the subcontractors insurance policies

Subcontractors required insurance limits equal or greater than what you carry? \_\_\_\_\_  YES  NO

**SAFETY & LOSS CONTROL PROVISIONS:**

- Is there a formal safety program?  YES  NO
- Is a formal Safety Director employed?  YES  NO
- Is there an employee training program?  YES  NO
- Are pre-employment drug screens performed?  YES  NO
- Does the Insured follow OSHA standards for promoting a safe workplace?  YES  NO
- Does the Insured have a Certified Drug-Free workplace?  YES  NO
- Does the Insured conduct accident investigations?  YES  NO
- Is the public kept at a safe distance from all of the Insured's work areas?  YES  NO
- Is all equipment maintained and in good condition?  YES  NO
- Are the premises in good condition and well maintained?  YES  NO
- Have there been any claims for Underground Resources and Equipment in the last 5 years?  YES  NO
- Have there been any spills of crude oil, operational or waste product resulting in pollution claims against the Insured within the last 5 years?  YES  NO
- Is the Insured currently involved in any open litigation?  YES  NO

If yes, please explain:

---



---

Is the Insured currently aware of any situation that may result in future litigation?  YES  NO

If yes, please explain:

---



---

**AUTO SUPPLEMENTAL QUESTIONNAIRE**

**DRIVER SCREENING/HIRING PRACTICES**

- Is there a written driver safety program?  YES  NO
- Does it address personal use of company vehicles?  YES  NO
- Are MVR's checked prior to hiring?  YES  NO
- Are MVR's reviewed annually on all employees?  YES  NO
- Are physical exams done pre-hire?  YES  NO
- Are drug & alcohol tests done pre-hire?  YES  NO
- Are drug & alcohol tests randomly conducted on all employees?  YES  NO
- Are drug & alcohol tests conducted post accident?  YES  NO

## DRIVER/VEHICLE USAGE

Are drivers paid by the hour?

 YES NO

Are drivers paid on a trip/mileage/commission basis?

 YES NO

Do non-management employees drive company vehicles?

 YES NO

Are non-management employees allowed to take company vehicles home?

 YES NO

Is personal use of company vehicles allowed?

 YES NO

Are family members allowed to drive company vehicles?

 YES NO

If yes, explain:

---

---

Do any employees drive personal vehicles for company business?

 YES NO

If yes, explain:

---

---

Are Certificates of Insurance obtained for such employee vehicles?

 YES NO

What minimum liability limit is required?

---

## SAFETY/TRAINING

Is Defensive Driving training provided?

 YES NO

Are drivers trained to drive the vehicles prior to use?

 YES NO

Is loading/unloading of delivered equipment performed?

 YES NO

Are employees allowed to assist customers load/unload equipment?

 YES NO

Is there a cell phone use policy?

 YES NO

Please explain:

---

---

## VEHICLE MAINTENANCE/EQUIPMENT

Is there a formal vehicle maintenance program?

 YES NO

Are records maintained on each vehicle?

 YES NO

Are regular pre-trip and post-trip inspections conducted?

 YES NO

Who is accountable for monitoring the vehicle maintenance program?

---

---

Who performs repairs and inspections?

## OPERATIONS

Is pre-trip planning of routes done for oversized and over height loads?

 YES NO

Are hazardous materials hauled?

 YES NO

If yes, explain:

---

---

## DRIVER ACCOUNTABILITY

Are all accidents investigated?

 YES NO

What post accident review actions are taken?

 YES NO

If yes, explain:

---

---

Are driver performance criteria enforced?

 YES NO

Do personal moving violations and accidents affect the employee's use of a company vehicle?

 YES NO

---

Insured Signature / Date

---

Agent Signature/ Date