



Oil & Gas Service Contractor Application

OFFICE USE ONLY:

Office: _____ Underwriter: _____

1. Name of Applicant (Named Insured): _____

2. Is Named Insured status requested for any other entities? If yes please attach name and operation of each: _____

3. Do any requested Named Insureds have subsidiary, related or affiliated companies not stated in 1 or 2 above? If yes please provide name and operation of each:

4. Address: _____

5. Website Address: _____

6. OPERATIONS:

a) Description of Operations or Industry of the Applicant (Please be specific). Attach copies of all oilfield service and supply directory advertisements. Please provide Website address if applicable: _____

b) How long has the applicant been in this line of business? _____ years.

c) Do the operations in any way involve the manufacturing, installation, wholesale or retail sales or the repair of "Blow-Out Preventers"? Yes No

d) Do any of the operations involve welding? Yes No
If yes, please explain _____

e) Do any of the operations include the use of radioisotopes? Yes No
If yes, attach a copy of your Radioisotope License.

f) Is a written contract required for all jobs? Yes No
If no, indicate annual percentage of Gross Revenue that is performed without a contract: _____
Please attach a sample of any non CAODC contracts used.

g) Do you perform any work offshore? Yes No
If yes please describe fully: _____

h) Do you have a formal company safety program? Yes No
Please describe or provide a copy of the company safety manual: _____

i) Attach copy of your Health & Safety Certificate.

7. SUBCONTRACTORS:

a) Do you hire subcontractors? Yes No
If yes, please describe all subcontractor operations: _____

b) Are all subcontractors required to sign a contract before beginning operations?: Yes No
Please attach a sample of the contract used.

c) Indicate the insurance coverage and limits you require for subcontractors?
_ General Liability (limit required): _____
_ Blanket Contractual
_ Products/ Completed Operations

_ Pollution (limit required): _____
 _ Auto Liability (limit required): _____
 _ Workers Compensation

d) Are independent contractors required to produce a certificate of insurance for the above coverages prior to beginning operations? Yes No

8. Gross Revenue:

a) Are any sales made or operations performed outside Canada? Yes No
 If yes, give full details: _____

b) Please Provide Breakdown in Annual Gross Revenue
 Canada: _____
 U.S.A.: _____
 Other (list Country): _____

9. CONSULTING SERVICES: Complete the following for any person performing consulting activities:

Name	Type of Consulting	Professional Designation	Years of Experience

10. a) Number of Employees i) Inside _____
 ii) Field _____
 iii) Consultants _____

b) Payroll (Canada only) i) Management & Clerical _____
 ii) Field _____
 iii) Shop _____

11. WORKERS' COMPENSATION

Are all employees covered by Workers' compensation? Yes No
 If no, explain: _____

12. List and provide details of any owned, leased, chartered aircraft or watercraft:

13. Give details of all general liability insurance carried during the past three (3) years:

Claims Made	Occurrence	Policy Number	Insurer	Policy Limit	Policy Period
*					
*					
*					
*					

*If the policy is subject to a Retroactive Date, give details: _____

14. CLAIMS HISTORY:

a) Give details of all claims brought against the Applicant during the past five years:

Date of Incident	Amount		Details
	Paid	Outstanding	

b) Are you aware of any incidents, not yet reserved, that may result in claims against you? Yes No

If yes, give details: _____

Please attach copies of all incident reports filed with the Alberta Energy Utilities board during the last 5 years. For risks in provinces other than Alberta please attach copies of all incident reports filed with the regulatory authority for that Province.

c) In the last 5 years has any insurer cancelled, declined or refused to issue your company any form of liability insurance? Yes No

If yes, please provide details _____

15. Limits of Insurance required:

Commercial General Liability: \$ _____ Each Occurrence Limit
Products/Completed Operations Aggregate Limit: \$ _____
Deductible All Losses: \$ _____

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Protection and Electronic Documents Act (PIPEDA)

(Print Name of proposed insured)

Signature of Insured & Title

Date

Signature of Broker

Date

Witness

Date