

BUSINESS RISK SERVICES OF OHIO, INC.
OIL & GAS CONTRACTORS SUPPLEMENT
(MUST BE FULLY COMPLETED AND ATTACHED TO APPLICATION)

NAME OF INSURED: _____

CONTRACTORS LICENSE #: _____

LIST ALL TYPES OF STATE APPROVED LICENSES HELD BY THIS INSURED: _____

WEBSITE ADDRESS (IF ANY): _____

**THE FOLLOWING QUESTIONS APPLY TO DRILLERS/WELL SERVICING
CONTRACTORS:**

1. NUMBER OF RIGS OWNED: _____
2. NUMBER OF ACTIVE RIGS _____
3. NUMBER OF INACTIVE OR STACKED RIGS: _____
4. MAXIMUM DEPTH OF DRILLING/SERVICING: _____
5. AVERAGE DEPTH OF DRILLING/SERVICING: _____
6. MAIN AREAS OF OPERATIONS (STATE/COUNTY): _____
7. HOW OFTEN ARE RIGS SERVICED OR MAINTAINED: _____
8. ANY OPERATIONS PERFORMED OVER WATER OR MARSHY AREAS: _____ IF
SO, PLEASE ADVISE THE TYPE OF WORK PERFORMED: _____
PROVIDE THE PERCENTAGE OF OVERWATER
VS. LAND OPERATIONS: _____

**THE FOLLOWING QUESTIONS APPLY TO ALL OIL & GAS CONTRACTORS
(INCLUDING DRILLERS / WELL SERVICERS)**

1. TOTAL NUMBER OF ACTIVE EMPLOYEES: _____
2. TOTAL AMOUNT OF ANNUAL PAYROLL: _____
3. TOTAL AMOUNT OF ESTIMATED GROSS RECEIPTS: _____
4. INDEPENDENT SUBCONTRACTOR COSTS: _____
5. EXPLAIN THE TYPE OF OPERATIONS SUBBED OUT: _____
6. DOES THE INSURED OBTAIN & KEEP CERTIFICATES OF INSURANCE ON FILE: _____
7. DOES THE INSURED HAVE SUBCONTRACTORS NAME THEM AS ADDITIONAL
INSUREDS UNDER THE SUBCONTRACTORS CGL POLICY AND HOLD THE INSURED
HARMLESS: _____
8. WHAT TYPE OF LIMIT OF LIABILITY DOES THE INSURED REQUIRE THE
SUBCONTRACTOR TO CARRY: _____
9. DOES THE INSURED ENGAGE IN ANY EMPLOYEE LEASING: _____. IF YES,
PLEASE EXPLAIN THE AGREEMENT IN PLACE: _____
10. DOES THE INSURED PROVIDE WORKERS' COMPENSATION & EMPLOYERS
LIABILITY: _____. PROVIDE NAME OF CARRIER AND EFFECTIVE DATE: _____
11. DOES THE INSURED HAVE A SAFETY PROGRAM IN PLACE: _____. IS
THERE A SPECIFIC SAFETY DIRECTOR EMPLOYED: _____. IF SO, PROVIDE
NAME & PHONE NUMBER: _____.

12. DESCRIBE THE INSURED HIRING PROCEDURES: _____
_____ IS THERE A MINIMUM EXPERIENCE
REQUIREMENT FOR EMPLOYMENT: _____. WHAT IS THE INSURED
TURNOVER RATE: _____

THE FOLLOWING QUESTIONS APPLY TO SPECIALTY OIL & GAS CONTRACTORS:

1. PROVIDE A DETAILED DESCRIPTION OF ALL OPERATIONS PERFORMED BY THE
INSURED IN THE OIL AND GAS INDUSTRY: _____

2. ARE THERE ANY SPECIFIC SAFETY REQUIREMENTS FOR THIS TYPE OF
CONTRACTOR: _____
3. ANY OPERATIONS PERFORMED AROUND PETRO-CHEMICAL PLANTS, GAS PLANTS,
INDUSTRIAL PLANTS, OR REFINERIES: _____. IF SO, PLEASE PROVIDE AN
EXPLANATION:

4. ANY EXPOSURE TO OVER THE HOLE OPERATIONS: _____. IF SO, WHAT TYPE
OF EXPOSURES: _____
5. EXPLAIN THE TYPE OF CONTRACTUAL OBLIGATIONS THE INSURED MUST ENTER
INTO: _____
6. ANY WORK PERFORMED OUTSIDE OF THE OIL & GAS INDUSTRY: _____. IF
SO, PLEASE EXPLAIN WHY TYPE OF WORK: _____