

ENERGY RISK APPLICATION – CONTROL OF WELL INSURANCE

1. Applicant (proposed Named Assured):

2. Address:

3. Number of years in business:

4. Description of applicant's operations: (check all that apply)

<input type="checkbox"/> Operator <input type="checkbox"/> Non-operator <input type="checkbox"/> Drilling contractor	<input type="checkbox"/> Contract operator <input type="checkbox"/> Turnkey operator (drilling for others) <input type="checkbox"/> Other (describe)
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5. Proposed policy period: 12 months at:

6. Applicant's representative:

- A. Safety/Inspection:
- B. Phone:
- C. E-mail address:
- D. Fax:

7. Limits of Liability desired:

Control of Well:	\$	(100%) each occurrence
Care, Custody and Control:	\$	(100%) each occurrence

8. Retention/Deductible desired:

Control of Well:	\$	(100%) each occurrence
Care, Custody and Control:	\$	(100%) each occurrence

9. FIVE YEAR LOSS HISTORY (insured or uninsured):

	<u>Year</u>	<u>No. of losses</u>	<u>Paid amount</u>	<u>Open amount</u>	<u>Total incurred</u>
A.	Current				
B.					
C.					
D.					
E.					

If any losses, attach separate sheet showing date, well location, applicant's working interest, cause of loss, current status of claim and 100% loss amount.

If no claims check here: _____

10. ESTIMATED DRILLING:

Does applicant intend to cover all drilling and workover wells under this policy? _____ No _____ Yes
If **No**, please explain:

If **Yes**, please provide a schedule of anticipated drilling which includes the following:

1) well location (County, State), 2) projected total vertical and measured depth, 3) working interest, 4) whether developmental or exploratory, 5) whether vertical or horizontal, 6) whether located on land or over water, 7) estimated AFE (both dry hole cost and completed cost) and 8) type of drilling contract (IADC daywork/footage/turnkey).

[\(see Drilling Schedule attached\)](#)

Are any wells to be drilled using air or inert gas methods? _____ No _____ Yes
If **Yes**, please explain:

11. PRODUCING/SHUT-IN WELLS:

Is coverage desired on applicant's producing and shut-in wells? _____ No _____ Yes
If **No**, please explain:

If **Yes**, please provide a schedule of wells to be covered which includes the following:

1) Well name, 2) Well location (County, State), 3) Total vertical and measured depth (also plugged back total depth if different), 4) Percentage working interest, 5) whether operated or non-operated, and 6) whether located on land or over water.

[\(see Producing/Shut-in Well Schedule attached\)](#)

Does applicant intend to cover all producing and shut-in wells? _____ No _____ Yes
If **No**, please explain:

12. Has any Insurer canceled or declined to provide this type of insurance for the applicant?

_____ No _____ Yes
If **Yes**, please explain:

13. Additional remarks:

Signature of Applicant or Authorized Representative:

Date:

Applicant's Broker:

Contact Name:
Company Name:
Address:

Phone:
E-mail address:
Fax:



DRILLING SCHEDULE

Well Name	No. of Wells	Location	Projected	Projected	Dev. or	AFE (100%)	Type of			
		County	State	TVD	TMD	WI%	Expl.	DHC	Completed	Contract

double click in the worksheet to insert or edit information



PRODUCING/SHUT-IN WELL SCHEDULE

Well Name	No. of wells	Location County	State	Total Vertical Depth	Total Measured Depth	PBTD (if different)	WI%	Operated or Non-operated	Land or Wet
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double click in the worksheet to insert or edit information