



**COLONY INSURANCE COMPANY**  
**OIL & GAS SUPPLEMENTAL APPLICATION**  
**(ATTACH ACORD APPLICATION)**

**I. APPLICANTS INFORMATION:**

NAME: \_\_\_\_\_

INSPECTION CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Corporation  Individual  Partnership  Joint Venture  Other \_\_\_\_\_

**INSURED OPERATIONS**

- Investor owning a non-operating working interest in oil & gas wells
- Operator owning working interest
- Lease operator by contract who does not have a working interest
- Contractor working for a lease operator
- Other \_\_\_\_\_

**II. INVESTOR/OPERATOR/CONTRACTOR INFORMATION:**

1. Do you have an interest in any wells?  No  Yes---Please attach a list of all wells, indicating your interest, the type and location.
2. Do you have any wells within the corporate limits of any city or town?  No  Yes---Please attach a description of the wells.
3. Do you have any wells and structures within 1000 feet of each other or wells on railroad right-of-way?  No  Yes---Please attach a description.
4. Have you had any pollution claims or problems that may cause future claims?  No  Yes---Please attach a description of the claims or problems.
5. Do you have any wells or work you do in inland waters or offshore?  No  Yes---Please attach a description.
6. Do you plan to drill any wells during the policy period?  No  Yes---Please attach a description of the wells and/or your work involved with the wells.
7. Do you own or operate any gathering systems, pipelines or gas or gasoline processing plants?  No  Yes--- Please attach a description of your interest or operations.
8. Do you have any employees or sub-contractors?  No  Yes---Number \_\_\_\_\_,
9. Total Payroll \_\_\_\_\_ Sub-contractor cost \_\_\_\_\_ Gross Receipts \_\_\_\_\_.

**III. OPERATIONS:**

Please indicate which of the following operations are performed **direct** by you or your employees and which operations are performed by your **sub-contractors**.

O&GAPP (Rev. 10/99)

OPERATIONS-----DIRECT-----SUB-CONTRACTED

- 1. ACIDIZING \_\_\_\_\_
- 2. CEMENTING \_\_\_\_\_
- 3. CASING INSTALLATION & PULLING \_\_\_\_\_
- 4. DRILLING MUD \_\_\_\_\_
- 5. DRILLING OR REDRILLING \_\_\_\_\_
- 6. EQUIPMENT INSPECTION, INSTALLATION & REPAIR \_\_\_\_\_
- 7. FRACTURING \_\_\_\_\_
- 8. GEOPHYSICAL EXPLORATION \_\_\_\_\_
- 9. INSTRUMENT LOGGING \_\_\_\_\_
- 10. LAND CLEARING & GRADING \_\_\_\_\_
- 11. PERFORATING OF CASING \_\_\_\_\_
- 12. PIPELINE CONSTRUCTION \_\_\_\_\_
- 13. PUMPING & GAUGING \_\_\_\_\_
- 14. RIG AND EQUIPMENT HAULING \_\_\_\_\_
- 15. RIG OR DERRICK ERECTING OR DISMANTLING \_\_\_\_\_
- 16. ROD & TUBING \_\_\_\_\_
- 17. STILL ERECTION OR REPAIR \_\_\_\_\_
- 18. SWABBING OR CLEANING \_\_\_\_\_
- 19. TANK CLEANING OR PAINTING \_\_\_\_\_
- 20. WELDING OR CUTTING \_\_\_\_\_
- 21. WIRELINE \_\_\_\_\_
- 22. OTHER \_\_\_\_\_

IV. CONTRACTUAL INFORMATION:

- 1. Do you maintain certificates of insurance from your sub-contractors? Yes \_\_\_ No \_\_\_
- 2. Do you require your contractors to carry limits of insurance equal to your own limits? Yes\_\_\_ No\_
- 3. Do you require your contractors to name you as an additional insured and give you a waiver of subrogation? Yes \_\_\_ No \_\_\_
- 4. Are you required to provide certificates, name anyone as an additional insured or provide a waiver of subrogation? Yes \_\_\_ No \_\_\_
- 5. How do you contract for services or how do you contract to provide services?  
 \_\_\_ Turnkey, \_\_\_ Day Work, \_\_\_ Footage, \_\_\_ IADC, \_\_\_ API, \_\_\_ or Other \_\_\_\_\_
- 6. Do you require written contracts from your operators and/or contractors?  
 \_\_\_ IADC, \_\_\_ AOSC, \_\_\_ API or \_\_\_ Other \_\_\_\_\_?

V. DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Sub-producer

\_\_\_\_\_  
 Title (Date)

\_\_\_\_\_  
 Producer