



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