



Bituminous Insurance Companies Oil & Gas Lease Operator Supplemental Questionnaire

1. Name of Insured: _____

- | | | |
|---|--------------------------|--------------------------|
| 2. IS THE INSURED: (Check all that apply) | <u>YES</u> | <u>NO</u> |
| a) a landowner or an investor owning a nonoperating working interest? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) a promoter selling operating interests? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) a developer who contracts to have wells drilled and placed in production? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) an operator who manages producing wells for others who have a nonoperating interest? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) lease operator by contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) pumper/gauger for others? | <input type="checkbox"/> | <input type="checkbox"/> |

3. How many years in business? _____

4. LIST THE NUMBER OF:

- a) Producing wells: Oil _____ Gas _____ Saltwater Disposal Wells _____
- b) Number of leases: _____
- c) Wells to be drilled during policy period: Oil _____ Gas _____ Disposal _____
- d) Plugged an/or abandoned wells: _____
- | | | |
|---|--------------------------|--------------------------|
| e) Do you have and wells operating on enhanced recovery with: | <u>YES</u> | <u>NO</u> |
| - CO ₂ injection? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Nearby habitational exposure? | <input type="checkbox"/> | <input type="checkbox"/> |
| - If yes, where? _____ | | |
- f) Do you operate any hydrogen sulfide wells? YES NO
 If yes, where? _____
 If yes, attach copy of written safety procedures.

5. NONOPERATING WORKING INTEREST OWNER INFORMATION:

- a) Number of wells: 0-49% interest: Oil _____ Gas _____ Saltwater Disposal _____
 50% or more interest: Oil _____ Gas _____ Saltwater Disposal _____
- b) Do you obtain and regularly update Certificates of Insurance from all well operators? YES NO
- c) Are you named as an additional insured – nonoperating interest on the operator’s policy? YES NO
- d) Indicate states where well(s) are located: _____
- e) Are any wells located within the corporate limits of any city or town? YES NO
- f) Are any wells located in any ocean, gulf, bay, marsh or other body of water? YES NO
 If yes, how many? _____
- g) What are the annual costs billed to you for your nonoperating interest in oil and gas wells? \$ _____

6. OPERATOR INFORMATION:

- a) Indicate states where wells are located: _____
- b) Are any wells located within the corporate limits of any city or town? YES NO
 If yes, how many? _____
- c) Are any wells located in any ocean, gulf, bay or marsh or other body of water? YES NO
- d) Are any wells within 1,000 feet of an occupied structure? YES NO
- e) Are wells operated by your employees? YES NO
- f) Use contract pumps YES NO

g) Describe operations performed by your employees (including payroll estimates):

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| h) Are well sites fenced, including pumpjackets, tank batteries, separators, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Are tank batteries diked? | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Own or lease surface rights? | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Are your locations frequently inspected/documentated?
Frequency? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| l) How many wells have you had drilled within the last 12 months? _____ | | |
| m) Are you planning any directional and/or horizontal wells during this policy period? | <input type="checkbox"/> | <input type="checkbox"/> |
| n) If you use independent contractors: | | |
| (1) Are they required to sign standard Master Service Agreements before they
Begin work for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| (Submit copies or contractual indemnity agreements you use if other than
standard IADC, API, AESC and insurance requirements.) | | |
| (2) Are required minimum limits of liability coverage equal to your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Do you require that they carry Contractual Liability Coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Do you require that they have coverage for Undergroun Property Damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Do you require that they have coverage for Pollution hazards? | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) Do you obtain and regularly update Certificates of Insurance from you
contractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) Is a Waiver of Subrogation required from drillers or workover contractors or
other support services? | <input type="checkbox"/> | <input type="checkbox"/> |
| (8) Are you names as an additional insured on contractors' policies? | <input type="checkbox"/> | <input type="checkbox"/> |

7. DOES THE INSURED OPERATE, OR HAVE AND INTEREST IN:

- | | | |
|--|--------------------------|--------------------------|
| (a) Any gas processing, squeezing or sweetening facilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Gasoline recovery [distillate] plants? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Any flowline or gas gathering systems? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Any DOT regulated systems?
Describe, including miles or pipe and pipe diameter: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

8. ENVIRONMENTAL CONCERNS.

- | | | |
|--|--------------------------|--------------------------|
| (a) Do you have Spill Prevention Control and Countermeasure Plan?
Last Update? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Have you experienced any spills, releases or other environmental impacts? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Are any locations effected by NORM? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Are your operations in compliance with SARA Emergency Planning and
Community Right-to-Know Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) If you have disposal wells, are others allowed to use?
If yes, what controls are in place? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Have you <u>purchased</u> producing wells in the past year?
If yes, was an environmental study done?
If problems indicated, describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |

9. AMOUNT INSURED EXPECTS TO SPEND ON INDEPENDENT CONTRACTORS:

- | | | |
|----------------------|----------|---------------------------------|
| (a) Workover | \$ _____ | |
| (b) Lease Operations | \$ _____ | Total Subcontract Cost \$ _____ |
| (c) Drilling | \$ _____ | |

Signature of Agent

Date of Information