



Bituminous Insurance Companies Oil & Gas Contractors Supplemental Questionnaire

1. Name of Insured: _____

2. Date of Information: _____

3. Is the Insured:

- A roustabout operation (lease work by contractor)?

- A well servicing contractor?

- describe operations: _____

- A drilling contractor?

YES **NO**

4. a). How many years in business? _____

b). How long have you written the account? _____

c). Is this a referral from an existing Bituminous customer?

Who? _____

d). Have you verified that this is a professional, reputable contractor?

- Explain: _____

e). Financially sound operator?

- Explain: _____

f). Are three-year company loss runs included?

- Comments on losses: _____

5. a). Does the insured operate only when an industry standard, written contract or agreement is in place?

- Explain: _____

b). Are Certificates of Insurance obtained from subcontractors?

- Limits required: \$ _____

c). Is there a formal/written safety program in place?

- Comments: _____

6. If automobile is submitted:

a). Driver information on all drivers (including family) included?

- Comments: _____

b). Formal policy on driver acceptability?

- Explain: _____

Signature of Agent
