



OILFIELD APPLICATION (LEASE OPERATION/NON OPERATING WORKING INTEREST (NOWI))

PLEASE ATTACH A COMPLETE WELL SCHEDULE. INCLUDING COUNTY AND STATE

Agent: _____

Named Insured: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Phone number: _____

Contact name & number: _____

Individual Partnership Corporation Joint Venture Other _____

New Business Renewal Prior # _____ Date Bus. Started _____

1. Applicant is (check all that apply):

- An investor owning a non-operating working interest in oil and/or gas wells.
 An operator of record managing lease operations for working interest owners.
 An operator of record that utilizes a contract lease operator.
 A lease operator by contract who does not have a working interest in the wells.
 A lease operator by contract with a working interest in the wells.
 Owner / Operator

Term: Effective: _____ To: _____ Agency Bill Direct Bill Select Payment Plan _____

2. Are any "over the hole" operations performed by the Insured? _____

A. If so, what are they _____

B. Any work done for others? If so, describe. _____

3. Total number of operated wells? _____ Complete question #8, attach well schedule. Please indicate disposal wells on well schedule.

State of Operation: _____

4. Is any lease inside city limits or developed areas or on railroad right of way? Yes No If yes, please indicate on well schedule.

5. Does insured have any operations on or near water, i.e.: lakes, swamps, rivers, creeks, oceans, bays, bayou, or bog? Yes No

If yes, please indicate on well schedule.

6. A. Any storage tanks located in populated areas? Yes No If yes, (1) Are they diked? Yes No

(2) Advise capacity of each tank: _____ (3) Describe adjacent exposures: _____

B. Are the storage tanks fenced? Yes No

7. Does the insured have any interest in or connect into any pipelines? Yes No If yes, describe: _____

8. Is any work subcontracted? Yes No If yes, who sets guidelines on work done or sublet? Lease Operator or Contractor

9. Does the insured require Master Service agreements with its contractors? Yes No

10. Does the Applicant's MSA contain the following?

Contractors are required to carry CGL, including Contractual Liability and Pollution Liability, with limits of at least \$1,000,000.

Yes No

Mutual indemnity (hold harmless) agreements.

Yes No

Contractors are required to include the Applicant as an Additional Insured.

Yes No

Contractors are required to provide waivers of subrogation.

Yes No

11. How does the Applicant dispose of recovered frac fluids? Recycle, disposal well, treatment plant or other?

12. Who has access to your disposal wells and what is disposed of:

13. Does the Applicant operate disposal wells primarily for third party use?

Yes No

14. Please explain any losses in last five (5) years: _____

Limits of Liability: \$1,000,000/\$2,000,000 \$500,000/\$1,000,000 \$300,000/\$600,000

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM, CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMIMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME, TN AND VA, insurance benefits may also be denied.)

Signature of Applicant: _____

Date: _____

Producing Wells Outside City Limits

Depth of Operated wells	Class code	Texas	MT, NM, OK, WY	Other
0 - 2000 ft	900101			
2001 - 5000 ft	900102			
5001 - 10,000 ft	900103			
10,001 - 15,000 ft	900104			
15,001 or over	900105			

Producing Wells Inside City Limits

Depth of Operated wells	Class code	Texas	MT, NM, OK, WY	Other
0 - 2000 ft	900106			
2001 - 5000 ft	900107			
5001 - 10,000 ft	900108			
10,001 - 15,000 ft	900109			
15,001 or over	900110			

To Be Drilled or Deepened Outside City Limits

Depth of Operated wells	Class code	Texas	MT, NM, OK, WY	Other
0 - 2000 ft	900111			
2001 - 5000 ft	900112			
5001 - 10,000 ft	900113			
10,001 - 15,000 ft	900114			
15,001 or over	900115			

To Be Drilled or Deepened Inside City Limits

Depth of Operated wells	Class code	Texas	MT, NM, OK, WY	Other
0 - 2000 ft	900116			
2001 - 5000 ft	900117			
5001 - 10,000 ft	900118			
10,001 - 15,000 ft	900119			
15,001 or over	900120			

Disposal

Depth of Operated Wells	Class code	Texas	MT, NM, OK, WY	Other
0 - 2000 ft	900131			
2001 - 5000 ft	900132			
5001 - 10,000 ft	900133			
10,001 - 15,000 ft	900134			
15,001 or over	900135			

Injection

Depth of Operated wells	Class code	Texas	MT, NM, OK, WY	Other
0 - 2000 ft	900136			
2001 - 5000 ft	900137			
5001 - 10,000 ft	900138			
10,001 - 15,000 ft	900139			
15,001 or over	900140			

Shut-in

Depth of Operated wells	Class code	Texas	MT, NM, OK, WY	Other
0 - 2000 ft	900141			
2001 - 5000 ft	900142			
5001 - 10,000 ft	900143			
10,001 - 15,000 ft	900144			
15,001 or over	900145			

Temporary Abandoned

Depth of Operated wells	Class code	Texas	MT, NM, OK, WY	Other
0 - 2000 ft	900146			
2001 - 5000 ft	900147			
5001 - 10,000 ft	900148			
10,001 - 15,000 ft	900149			
15,001 or over	900150			

Plugged

Depth of Operated wells	Class code	Texas	MT, NM, OK, WY	Other
0 - 2000 ft	900146			
2001 - 5000 ft	900147			
5001 - 10,000 ft	900148			
10,001 - 15,000 ft	900149			
15,001 or over	900150			

NON OPERATING WORKING INTEREST (NOWI)

Percentage of Interest	Class code	Texas	MT, NM, OK, WY	Other
0 - 15%	900125			
15.1 - 50%	900126			
over 50%	900127			

Total # of NOWI's _____

Optional coverage and limits desired:

Blowout and Cratering

(Policy Occurrence Limit)

Class code 900121

Underground Equipment

\$25,000, \$50,000 or \$100,000 Limit

Class code 900122

PD Deductible per Claim

\$1,000 min.