

Oil & Gas Professionals

This is an application suitable for oil and gas professionals and companies where no individual carries out more than 20% manual work. Limits are available up to \$5m for both professional and general liability. Simply complete the form and return it to your insurance broker.

Section 1: Company Details			
1.1	Please state the name and address of the applicant for whom this insurance is required.		
	Full Name: _____		
	Address: _____		
	Street	City	State Zip
	Email Address: _____	Website: _____	
	Phone: _____		
1.2	Please state the number of employees: _____		
1.3	Please state your revenue received in respect of the following years:		
	Last Complete Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
	_____	_____	_____
1.4	What percentage of your work is offshore? _____		
1.5	Is any work done in refineries or petrochemical plants? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 2: Activities

2.1 a. Please provide a full breakdown of the activities performed by each of your employees.

	Employee 1	Employee 2	Employee 3	Employee 4	Employee 5
Name:					
Years of Experience:					
Engineer: Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineer: Reservoir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineer: Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geologist/Geoscientist:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Man:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant: Drilling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant: Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Manager:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manager:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Describe:					

2.1 b. Please provide the following information:

	Employee 1 Yes No	Employee 2 Yes No	Employee 3 Yes No	Employee 4 Yes No	Employee 5 Yes No
Do you perform any manual work?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
If yes, does it constitute less than 20 % of your working time?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do you oversee, instruct, direct, supervise or have any involvement in any work or operations that occur or may occur on site?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Are you responsible for:	Employee 1 Yes No	Employee 2 Yes No	Employee 3 Yes No	Employee 4 Yes No	Employee 5 Yes No
Hiring and firing of personnel?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Controlling or directing others?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Advising Others?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Health & Safety?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are you able to amend or restrict operations on site?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



For Additional Information,
Please Contact:

submit@midman.com
800.800.4007
midlandsmgt.com

Section 3: Contract Information

3.1 Do you sign any reciprocal hold harmless agreements with:

Rig operators or other principals? Yes No

Other Contractors? Yes No

Section 4: Claims Experience & Insurance History

4.1 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance:

	Retroactive Date (MM/YY)	Effective Date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:						
Required:						

4.2 Please provide details of your current General Liability insurance, if applicable, and what you require for the next year of insurance.

	Effective Date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:					
Required:					

4.3 Regarding all of the types of insurance to which this application form relates, AFTER INQUIRY:

- a. Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- b. Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c. Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d. Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above: Yes No

If the answer to the above is yes, then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment (s) made by you and/or by insurers, and the dates of all developments and payments.



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Section 5: Declaration

- I declare that after proper inquiry the statements and particulars given above are true and that I have not miss-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____

Full Name: _____

Position Held: _____

Date: _____

Additional Information



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