



Swett & Crawford

OILFIELD EQUIPMENT APPLICATION PROPOSED EFFECTIVE DATE _____

1. Name and mailing address of insured:

2. Type of Entity:

Corporation Individual Partnership Other (describe) _____

3. Any additional insureds proposed to be insured hereunder (describe):

4. Area(s) of operations:

5. Describe operations including type of work done and major customers.

6. Number of years the insured has been in business: _____

7. If the insured is a new venture, please provide previous experience of principals.

8. Has any insurer canceled or refused to renew coverage? Yes No
If yes, please provide details.





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9. Has the insured ever filed bankruptcy? Yes No
If Yes, please provide details.

10. Attach a schedule of equipment and values. The schedule must include a description of equipment including make, model and serial numbers, age of equipment or date refurbished (indicate which applies), condition of equipment and type of valuation.

11. Do values represent 100% values? _____ If not, explain _____

12. Is equipment leased or rented to others? _____ If so, attach a copy of the rental agreement.

13. Are rigs transported by owned vehicles? _____ If not, explain. _____

14. Are rigs presently stacked? Yes No
If so, describe storage facilities (fencing, security, protection).

15. Describe maintenance program. Describe employee safety and training program.

16. Is air ever used as a circulation medium? Yes No
If so, explain details.

17. Please list all claims/losses insured and uninsured during the last 5 years. Provide details on all losses greater than \$10,000 including legal/adjusters expenses if known.

18. Names and addresses of any loss payees.



