**APPLICATION FOR ROUSTABOUT SERVICES**

|  |  |
| --- | --- |
| APPLICANT | DATE |
| ADDRESS |
| CITY | STATE | ZIP |
| TELEPHONE | WEB ADDRESS |
| Specify the date that the applicant initially commenced operations or was formed or incorporated: |
| Applicant is an: | [ ]  PROPRIETORSHIP  | [ ]  INDIVIDUAL  | [ ]  CORPORATION  | [ ]  LLC | [ ]  OTHER |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| States in which you work: |  |  |  |  |  |  |  |

|  |
| --- |
| Enter firm’s gross revenue for the last three policy years below: |
|  |  |  |  |
| **$** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Estimated gross revenue for the upcoming policy year; Land \_\_\_\_\_\_\_\_\_% Over Water \_\_\_\_\_\_\_\_\_% |
| **$** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1st prior policy year’s revenue |
| **$** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 2nd prior policy year’s revenue |
|  |  |
| If the applicant works offshore or over water (bay, marsh or other body of water), please provide full particulars: |  |
|  |  |
|  |  |
| Number of Owners/Officers of the company: |

|  |
| --- |
| **Please provide percentage of gross revenue derived from the following operations:** |
| **Services (amounts to equal 100%)** |
| Acidizing | \_\_\_\_\_% | Mechanical | \_\_\_\_\_% |
| Carpentry | \_\_\_\_\_% | Meter/Gauge Readers  | \_\_\_\_\_% |
| Casing Installation/Recovery | \_\_\_\_\_% | Owner/Operator of Oil & Gas Leases | \_\_\_\_\_% |
| Cementing/Paving (street or road construction) | \_\_\_\_\_% | Painting | \_\_\_\_\_% |
| Concrete (not casing completion) | \_\_\_\_\_% | Perforation Services | \_\_\_\_\_% |
| Dredging (including cleaning out of mud pits) | \_\_\_\_\_% | Pesticide/Herbicide Application | \_\_\_\_\_% |
| Drilling | \_\_\_\_\_% | Pipe Line Construction | \_\_\_\_\_% |
| Electrical | \_\_\_\_\_% | Plumbing | \_\_\_\_\_% |
| Equipment Rental | \_\_\_\_\_% | Pumper/Gauger Operations | \_\_\_\_\_% |
| Fabrication/Manufacturing | \_\_\_\_\_% | Pumpjack/Well Site Maintenance | \_\_\_\_\_% |
| Fencing | \_\_\_\_\_% | Rig Erection/Dismantling | \_\_\_\_\_% |
| Fishing Contractors | \_\_\_\_\_% | Tank Battery Erection  | \_\_\_\_\_% |
| Flowback Work | \_\_\_\_\_% | Water Hauler (clean water and/or dirty water) | \_\_\_\_\_% |
| General Site Cleanup/Revegetation | \_\_\_\_\_% | Welding | \_\_\_\_\_% |
| General Site Preparation (land clearing/excavation/grading) | \_\_\_\_\_% | Well Logging Services | \_\_\_\_\_% |
| Geophysical Exploration | \_\_\_\_\_% | Wireline Services | \_\_\_\_\_% |
| Hot Oil works | \_\_\_\_\_% | Other (please describe) | \_\_\_\_\_% |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SUBLET SERVICES:**

1. Is the applicant responsible for hiring subcontractors? [ ]  Yes [ ]  No
2. If the applicant is not responsible for hiring sub contractors, who is? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (c) Are certificates of insurance from subcontractors kept on file? [ ]  Yes [ ]  No

 (e) Are all subcontractors hired under written contract? [ ]  Yes [ ]  No

 (f) Do sub-contracts contain indemnification provisions in favor of the Applicant? [ ]  Yes [ ]  No

 (g) Is the applicant named as additional insured on subcontractor’s policies? [ ]  Yes [ ]  No

 (h) Does the applicant require a waiver of subrogation endorsement from subcontractors? [ ]  Yes [ ]  No

 (i) What is the estimated cost of subcontracted work for the next fiscal year?

**CURRENT INSURANCE COVERAGE:**

|  |
| --- |
| Commercial General Liability |
|  |
| None: \_\_\_\_\_\_\_\_\_\_ Occurrence \_\_\_\_\_\_\_\_ Claims Made \_\_\_\_\_\_\_\_\_ |
|  |
| 1) Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2) Limit of Liability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3) Deductible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4) Premium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5) Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6) Retroactive Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant?

[ ]  Yes [ ]  No. If “Yes,” provide full particulars:

**BUSINESS PRACTICES:**

Does the Applicant sign a standard written contract with its clients? [ ]  Yes [ ]  No. If “Yes”, please answer the following:

(a) Does the form contain an indemnification clause? [ ]  Yes [ ]  No

(b) Is the indemnification mutual? [ ]  Yes [ ]  No

1. Does the applicant assume the sole negligence of its clients? [ ]  Yes [ ]  No. If “Yes”, please provide a copy of the agreement.

Is the Applicant aware of any injury sustained by a person or damage occurring to tangible property (including fire or storm damage) having happened on a project during the immediate past five (5) years? [ ]  Yes [ ]  No. If “Yes,” provide full particulars and indicate if the circumstance has been reported to the Applicant's liability carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a claim (defined for the purpose of this question as a written or oral demand for money, services or the remedying of an alleged defect) ever been made against the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has assumed the liability over the past five (5) years? [ ]  Yes [ ]  No. If “Yes,” provide full particulars and indicate if the claim has been reported to the aforementioned liability carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other than as may have been answered in the foregoing, is the Applicant aware of a circumstance that would cause a person to reasonably infer that a claim could arise therefrom? [ ]  Yes [ ]  No. If “Yes,” provide full particulars: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE FOLLOWING ATTACHMENTS SHOULD BE INCLUDED**

17. Attach a **resume** for each of the Applicant's principals and any other key personnel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date