**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