

APPLICATION FOR OIL AND GAS CONSULTANTS

1. Applicant (including all subsidiary companies) _____

2. _____
 Street Address City State Zip

Phone _____ Fax _____

3. Specify the date that the Applicant initially commenced operations or was formed or incorporated: _____ mo/yr

4. The Applicant is a: ___Proprietorship ___Corporation ___LLC ___ Individual ___ Other: _____

5. Specify the total numbers of employees including principals:

a. Petroleum Engineers: _____ b. General Engineers other than above: _____ c. Geologists or Hydro geologists: _____ d. Field supervisors: _____	e. Draftsmen, Technicians, Inspectors, Surveyors: _____ f. Clerical and Accounting Employees: _____ g. Administrative Management: _____ h. Other: Specify _____ Total number of employees: _____
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6. Specify the approximate percentage of services provided by the Applicant for each of the following categories:
 The total must equal 100%

a. Petrochemical Plants _____ % b. Oilfield _____ % c. Industrial Plants _____ %	d. Over Water _____ % e. Environmental _____ % f. Other: _____ %
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7. If the applicant works offshore or over water, please provide full particulars: _____

8. Description of Operations:

- | | | |
|---|--|--------------------------|
| a. Oil & Gas Consultants
(Observe and Report only) | Consultants without any direct supervision.
Strictly observe and report basis reporting to project owner. | <input type="checkbox"/> |
| b. Oil & Gas Consultants
(other than Observe & Report) | Involved with direct supervision, control or oversight.
Acting as project manager or controller on behalf of owner. | <input type="checkbox"/> |
| c. Oil & Gas Consultants (other) | | <input type="checkbox"/> |
- describe: _____

9. Applicants projected total gross revenue: \$ _____. _____% land _____% over water.

10. SUBLET SERVICES:

- (a) Is the applicant responsible for hiring subcontractors? ___Yes ___No
- (b) 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? _____

11. CURRENT INSURANCE COVERAGE:

Commercial General Liability	
None: _____ Occurrence _____ Claims Made _____	
1) Carrier: _____	4) Premium: _____
2) Limit of Liability: _____	5) Expiration Date: _____
3) Deductible: _____	6) Retroactive Date: _____

12. 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: _____

13. 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.
- (c) Does the applicant assume the sole negligence of its clients? ___Yes ___No
 If "Yes", please provide a copy of the agreement.

14. 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: _____

15. 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: _____

16. 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