



VIRTUE PACK

VIRTUE RISK PARTNERS

www.virtuerisk.com

SERVICE BUSINESS PACKAGE LIABILITY APPLICATION OIL & GAS SUPPLEMENTAL

E-MAIL TO: Submissions@virtuerisk.com

ATTACH ADDITIONAL PAGES TO PROVIDE ADDITIONAL INFORMATION REQUESTED

THIS APPLICATION IS FOR AN INSURANCE POLICY PROVIDING COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS. PLEASE READ THE POLICY, ENDORSEMENTS, AND ALL NOTICES CAREFULLY AND DISCUSS THE COVERAGE AFFORDED WITH YOUR AGENT OR BROKER.

PART I – Applicant Information:

Applicant Entity Name: _____ Year Established: _____

DBA: _____ FEIN: _____ Contact Name, Title: _____

Corporate Mailing Address: _____

1. Estimated Revenue from Oil & Gas related work for current 12 months \$ _____

Next fiscal year \$ _____ Prior fiscal year \$ _____

2. In which states do you perform this work? _____

3. Provide breakdown below pertaining to the revenue yours firm generates from different types of Oil and Gas Services:

	<u>Total Revenue</u>	<u>% Generated by Subs</u>
<u>Contracting</u>	_____	_____
<u>Engineering</u>	_____	_____
<u>Consulting</u>	_____	_____

<u>Consulting Services</u>	<u>Total Revenue</u>	<u>% Generated by Subs</u>
Company Men Other Than Observe & Report	\$ _____	\$ _____
Direct supervision, control or oversight of rig personnel. Can include the ability to stop work, engage, hire, fire, select or otherwise control the jobsite. Acting as project manager or controller on behalf of owner		
Company Men Observe & Report Only	\$ _____	\$ _____
Consulting without any direct supervision, control or oversight of rig personnel. Not involved in actual drilling, exploration, completion, work over or production services. No ability to stop work, engage, hire, fire or otherwise control the jobsite. Strictly observe and report to project owner.		
Specialist Service Provider	\$ _____	\$ _____
Consultants who provide onsite services and or direct supervision of a service specialty that is over the hole or downhole. If revenues apply, specify services and revenues:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Operating Practices

4. Does applicant sign contracts / work orders with subs on the client's behalf? Yes No
5. Does applicant hire subs on client's behalf? Yes No Without a written contract? Yes No
6. Does applicant manage or supervise any subs on the client's behalf? Yes No
7. What measures are employed to protect personnel at a job site? _____

8. Specify the approximate percentage of the applicant's total revenue generated from the types of projects:

Directional Drilling Consulting	____%	Production Consulting	____%	Perforating/Completion Consulting	____%
Pipeline Consulting	____%	Mud Loggers	____%	Rig Mobilization Consulting	____%
Well Design	____%	Health & Safety	____%	Work Over Consulting	____%
Offshore / Over Water	____%	Blowout Services	____%	Projects using Cranes/Hoists/Rigs	____%

9. Specify the approximate percentage of the applicant's total revenue generated from the types of clients:

Petrochemical/Gas Plants	____%	Industrial Plants	____%	Manufacturing Facilities	____%
Oilfield Contractors	____%	General Contractors	____%	Production Companies	____%
Other: _____	____%	Other: _____	____%	Other: _____	____%
Other: _____	____%	Other: _____	____%	Other: _____	____%

COMPLETE SUBMISSION REQUIREMENTS

To obtain a bindable quote, the following information is required: (Check all boxes below if attached)

- Virtue Risk's Services Business Package Liability Application, signed and dated by an owner, partner or officer of the applicant or another carrier's similar supplemental application.
- Transcript and certification of graduation from a four year accredited university and graduate school.
- Copies of licenses in working jurisdictions (if applicable).
- Transcripts evidencing the passing of professional engineering exam(s).
- Provide the standard contract or engagement letter used for oil and gas projects.
- Provide the standard contract used with oil and gas subcontracting/ sub consulting clients.
- Resumes of the person or people who engage in any revenue generating work outlined above.

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FRAUD WARNINGS

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Oregon.)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

COVERAGE NOTICE: This Application is for a **CLAIMS MADE AND REPORTED POLICY**. The Policy does not cover **CLAIMS** that took place prior to the **Retroactive Date**. This Policy only covers **CLAIMS** properly reported to the Company during the **POLICY PERIOD** or by the end of any **EXTENDED REPORTING PERIOD**. All coverage afforded by this policy ceases upon the termination of the policy and the **AUTOMATIC EXTENDED REPORTING PERIOD (up to 180 days)** unless the Insured purchases the **OPTIONAL EXTENDED REPORTING PERIOD (up to 36 months)**. During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and that the insured can expect substantial annual premium increases, independent of overall rate level increases, until the claims-made relationship reaches maturity.

The undersigned applicant represents and warrants that the above statements and facts are true, complete and accurate and that the information contains no material misrepresentation of facts, and that no facts have been suppressed or misstated. All written statements and materials furnished in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Completion of this Application form does not bind coverage. Applicant's acceptance of the insurance company's quotation is required prior to binding coverage and policy issuance. The individual signing below represents that the answers provided herein are based on personal knowledge or a reasonable inquiry and/or investigation.

I acknowledge by signature to this Application that if I choose to cancel my Policy, the return premium will be calculated subject to a minimum earned premium or subject to a short rate penalty, whichever is greater.

Signature: _____ Title: _____

Name: _____ Date: _____
(Please print)

Name of Insurance Agent of Broker:

License Number:

Signature of Insurance Agent or Broker:

Date: