

Oil & Gas Questionnaire



Please fill out all applicable fields.

Policy #

Broker Name:

Broker Code:

BASIC APPLICANT INFORMATION

Name of Applicant:			
Full Address:	Apt # - Street # Street name		
	PO Box	RR	
	City	Prov./Terr.	Postal Code
Website:			

CREDIT CONSENT

Name of Owner:	Date of Birth of Owner:
Address of Owner's Principal Residence including Postal Code:	
Number of Years the Owner has lived at this address?	Number of Years the Owner has been operating this business?
<input type="checkbox"/> I agree that Intact Insurance Company may obtain a credit score for underwriting purposes and be eligible for premiums savings. <input type="checkbox"/> I DO NOT agree that Intact Insurance Company may obtain a credit score for underwriting purposes and understand that I will NOT be eligible for premiums savings.	

OPERATIONAL INFORMATION

Operations (<i>more than one may apply</i>)			
<input type="checkbox"/> Consultant	<input type="checkbox"/> Operator	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Other:			
<u>If Consultant, please indicate type of consultant:</u>			
<input type="checkbox"/> Completions/Workovers	<input type="checkbox"/> Cementing	<input type="checkbox"/> Drilling	<input type="checkbox"/> Environmental
<input type="checkbox"/> Pipeline Construction		<input type="checkbox"/> Site Safety	
Detailed description of operations / responsibilities on site:			
What percentage of work is done:			
In the field	%	In the office	%
Does the Applicant have direct responsibility for on-site work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the Applicant make decisions on their own authority that will affect site operations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, describe:			
Who does the Applicant report to on-site? <input type="checkbox"/> Oil Company <input type="checkbox"/> Contractor <input type="checkbox"/> Other:			
Formal agreements, and/or written contracts in place: <input type="checkbox"/> None <input type="checkbox"/> Master Service Agreement <input type="checkbox"/> CAODC <input type="checkbox"/> Other			
If Other, please describe:			
"Hands-On" Work			
Does the Applicant work directly with tools or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, describe:			

Does the Applicant sell any product or act as a representative for any product or service other than his/her own consulting service? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe:					
Does the Applicant provide any computer consulting, services or products? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe:					
Estimated annual gross revenue for each operation:					
From within Canada:		From USA		Other (specify)	
Revenue from work or products at offshore rigs, platforms or other installations over water:					
Describe all exposures producing non-Canadian revenue:					
Does the Applicant own, operate or have an interest in oil and/or gas wells or other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide details below:					
Number of Wells	Gross	Net	Number of Processing Facilities	Operated	Non-Operated
Operator on Producing Wells:			Gas Plants:		
Operator on Non-Producing Wells:			Compressor Stations:		
Non-Operator on Producing Wells:			Batteries:		
Non-Operator on Non-Producing Wells:			Storage Facilities:		
Gathering Systems					
Number of kilometres of pressurized pipeline:		km	Number of kilometres of non-pressurized pipeline:		km
Number of kilometres of gathering system:		km			
Do the operations in any way involve the manufacturing, wholesale or retail sales or repairs of any oil and gas products? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe:					
Do any of the operations involve welding? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete separate "77573 – Oilfield Welding Questionnaire" .					
Number of employees:					
Are all employees covered by Provincial Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Any subcontracted work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, please provide details below:					
Cost of drilling:		Cost of well maintenance:			
Cost of Hired Vehicles:		Cost of all other sublet:			
Insurance requirements imposed upon subcontractors:					
Does payment of subcontractors flow through the Applicant's business? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EXPERIENCE

How long has the Applicant been engaged in her/her current occupation or business?	# of years:
Describe the length and type of previous work experience:	

Does the Applicant have any Professional Designations?

☐ Yes ☐ No

If YES, provide details below:

Professional Designation

Institution

Date Received

Is any Errors & Omissions insurance currently in place?

☐ Yes ☐ No

If YES, provide details below:

Insurer or Association

Policy #

Per Claim Limit

Aggregate Limit

Primary/Excess?

Current certificates held by the Applicant (e.g. H2S, WHMIS, etc.):

Describe any training that has not been mentioned above:

LOSS/CLAIMS HISTORY

☐ No losses/claims in the last 5 years.

List all losses/claims in the last 5 years, whether insured or not.

Date	Status of Claim	Amount Paid	Amount Outstanding
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Description of Claim:

To prevent recurrence, have any steps been taken or restrictions imposed?

☐ Yes ☐ No

If YES, explain:

Date	Status of Claim	Amount Paid	Amount Outstanding
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Description of Claim:

To prevent recurrence, have any steps been taken or restrictions imposed?

☐ Yes ☐ No

If YES, explain:

Date	Status of Claim	Amount Paid	Amount Outstanding
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Description of Claim:

To prevent recurrence, have any steps been taken or restrictions imposed?

☐ Yes ☐ No

If YES, explain:

Date	Status of Claim	Amount Paid	Amount Outstanding
Description of Claim:			
To prevent recurrence, have any steps been taken or restrictions imposed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:			

INSURANCE HISTORY					
<input type="checkbox"/> No previous or other current insurance.					
Has the Applicant had previous insurance declined or cancelled?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please provide details:					
List any previous or current insurance during the past 5 years:					
	<u>Previous/Current?</u>	<u>Insurer</u>	<u>Policy #</u>	<u>Expiring Premium</u>	<u>Expiry Date</u>
1)	C				
2)	C				
3)	C				

COVERAGE REQUIRED
CGL Limit:
Extensions:

APPLICATION AGREEMENT CLAUSE	
This is an application for insurance only. No insurance is in effect until coverage has been specifically agreed to and has been bound by Intact Insurance Company.	
I/We declare that during the last five years, no Insurer has cancelled, declined or refused to issue insurance as applied for herein, unless previously declared in the application.	
I/We declare that the statements made herein are in every respect true and correct and any contract of insurance will be based upon the truth of the statements.	
ELECTRONIC SIGNATURE: I agree that by submitting this application online, I am electronically signing the application.	
<input type="checkbox"/> I agree to the terms & conditions.	
Signed by:	Name:
	Title:
	Date:
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Click signature field to insert electronic signature)	
Broker's Signature:	Name:
	Date:
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Click signature field to insert electronic signature)	