



### Oil & 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: \_\_\_\_\_

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