

CONSULTANTS QUESTIONNAIRE

1. Name of Applicant(s) _____

2. Address: _____
City/State: _____

3. a) Projected Total Gross Payroll: _____
Projected Total M&C Payroll: _____
_____ % Payroll on land; _____ % Payroll over water
(including marshes, bays, inland waters and offshore)

b) Gross payroll last 12 months: _____
Payroll: Engineer/Architect: _____ Draftsmen _____

c) Number of Employees: _____
Number of Active Owners: _____

d) Do you provide contract labor, supervisors or engineers? _____
If yes, describe screening and hiring practice: _____

4. a) Projected Total Revenues: _____
_____ % Land; _____ % Over Water

b) Revenues Past 12 Months: _____

5. a) Description of Operations: _____

b) Describe 3 largest jobs within past 12 months: _____

c) # of years experience as a consultant? List any Certified training courses etc

d) Does your firm operate out of any location other than the one listed above:

e) Percentage of work in:
_____ Petrochem/Chem Plants; _____ Oilfield; _____ Industrial Plants;
_____ Over Water; _____ Environmental;
_____ Other Non-Oilfield Consultant Operation

6. a) Does applicant manage, supervise, or direct the work of others? If yes, provide details on the type of work supervised or managed: _____

- b) Is applicant responsible for hiring these subcontractors? If yes:
- i) Total Cost \$ _____
- ii) Describe type(s) of work subcontracted, supervised or managed:

- iii) Describe the extent of your supervision of these subcontractors:

- iv) Do you require these subcontractors to provide certificates of insurance evidencing Commercial General Liability Insurance?
 Yes _____ No _____ Limits _____
- v) Do you require your firm to be named as additional Insured on the subcontractors general liability? _____ Do you obtain a waiver of subrogation on subcontractors workers compensation policy? _____
- vi) Type of indemnity agreement signed with subcontractors? Is applicant held harmless by subcontractor? _____ Is there a mutual hold harmless? _____ Other(describe) _____

- vii. Please provide copy of contract signed with subs.
7. a) If applicant is not responsible for hiring subcontractors, who is? _____

- b) Describe applicants extent of supervision of these subcontractors: _____

8. WHICH BEST DESCRIBES YOUR CONSULTING ACTIVITIES:
- a. As a consultant I contract with well owners to gather information as their agent at the work site as they specify, relay this information to my customer along with recommendations I may make based upon my observations. My customer will then provide me with information and/or instructions to relay to my senior supervisor for subcontractors working on behalf of my customer.
- b. As a consultant, I contract with well owners to manage and direct oil and/or gas exploration or production projects for them. I use my best judgment to hire necessary subcontract personnel and supervise and/or direct their activities as needed to perform the job. I report progress/results of day-to-day operations to my customer. I have the authority to act in my best judgment, subject to a limitation on costs associated with my activities.
9. Type of indemnity agreement signed with applicants client. Whose favor does hold harmless run? _____
10. Does the firm ever enter into a contract wherein the sole negligence of the Indemnitee is assumed? ____ If yes, explain and attach a copy of this application.

11. List of companies for which you operate under contract or agreement.

12. Provide the following details on the General Liability coverage for the last three years:

Company Limits Ded/SIR Policy Period Premium

- 1.
- 2.
- 3.

13. Provide five year G.L. loss and expense history (include any claim, suit or notice that may give rise to a loss):

<u>DOL</u>	<u>Description of Occurrence or Claim</u>	<u>Amount</u>		<u>Status</u>
		<u>Paid</u>	<u>Reserved</u>	

14. Have any claims involving Professional Services or Employment Practices been made or Legal actions been brought in the past five (5) years? _____ Yes _____ No

If yes, please explain. _____

15. Has any Insurer declined, cancelled or refused to renew any type of property, Liability or similar coverage for your firm, a predecessor firm or any owner, partner, shareholder, principal, officer, director or employee: _____ Yes _____ No

16. Identify over water exposure:

- | | <u>Expected</u> | <u>Expiring</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|
| a) USL&H PAYROLL: _____
(GROSS) | \$ _____ | \$ _____ |
| JONES PAYROLL: _____ | \$ _____ | \$ _____ |
| b) Number of men exposed any one time _____ | | :Any one place: _____ |
| c) Number of men exposed annually? _____ | | |
| d) Number of marsh, bay &/or inland water jobs during the past 12 months?
_____ ; % fixed platforms: _____ ; % other: _____ ; | | |
| e) Number of offshore jobs during the past 12 months:
_____ ; % fixed platforms: _____ ; % other: _____ ; | | |
| f) Does the Insured own, lease and/or operate watercraft? _____ If yes,
Number _____ ; Description: _____ ; Use: _____

_____ | | |
| g) Who is responsible for transportation to the jobsite: _____ | | |

17. Does Insured have Professional liability in place with another carrier? _____

Date: _____

Applicants Signature: _____