

ARCHITECTS & ENGINEERS: OIL & GAS SUPPLEMENTAL

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APPLICANT

1. Name of Applicant: (including all subsidiaries): _____
2. Address: _____
City: _____ Province: _____ Postal Code: _____

O&G BUSINESS OPERATIONS

3. In which of the following professions is your company engaged:

Chemical Engineer	_____%	Forensic/Expert Witness/Metallurgist	_____%	Mechanical Engineer	_____%
Civil Engineer	_____%	Geologist	_____%	Non-destructive Testing	_____%
Construction/Project Manager	_____%	HVAC	_____%	Land Surveyor	_____%
Design/Build	_____%	Hydrologist/Water & Sewer	_____%	Geotechnical/Soils	_____%
Electrical Engineer	_____%	Industrial Process	_____%	Structural Engineer	_____%
Laboratory Material Testing	_____%	Other	_____%		
4. Please check the appropriate, does the applicant act as a : ☐ Consultant ☐ Operator ☐ Contractor ☐ Other
5. Percentage of work done: in field _____% In the office _____%
6. Current certification(s) that the applicant carries: _____
7. Consulting for any marine/offshore operations ☐ YES ☐ NO
8. Does the applicant hire sub-contractors ☐ YES ☐ NO
9. Does the applicant supervise, manage or control any employees or sub-contractors of others (client, third party etc.) ☐ YES ☐ NO
10. Does applicant make decisions that directly affect site operations (i.e. direct authority over site operations) ☐ YES ☐ NO
If yes, facility type: _____
11. Is the applicant's work reviewed by other engineers (i.e. client's in-house engineers review applicants work) ☐ YES ☐ NO
12. Does the applicant review and "sign-off" work by Third Party engineers and consultants ☐ YES ☐ NO
13. Are services provided not under a written contract? ☐ YES ☐ NO
If yes, please provide detailed explanation: _____
14. General Sectors of O&G:

Prospecting	_____ %	Refining/processing	_____ %	Logistics (roads, camps etc.)	_____ %
Transmissions (pipelines etc.)	_____ %	Directional/horizontal drilling (including well completion)	_____ %	Specialty in-hole well services	_____ %
Safety Analysis or loss control services	_____ %	Vertical drilling (including well completion)	_____ %	Fishing Tools	_____ %
Environment, pollution, Clean-up or testing	_____ %	Well site consulting, inspection, testing or analysis	_____ %	Other: _____	_____ %
15. Gross Fees:

	12 months expiring YEAR _____ / _____	12 months prior YEAR _____ / _____	Next 12 months anticipated YEAR _____ / _____
a) Total Gross Fees (=b+c+d+e+f)	\$ _____	\$ _____	\$ _____
b) Fees for services rendered in Canada	\$ _____	\$ _____	\$ _____
c) Fees for services rendered in the USA	\$ _____	\$ _____	\$ _____
d) Fees for Rest of World _____	\$ _____	\$ _____	\$ _____
e) Fees paid to sub-consultants	\$ _____	\$ _____	\$ _____
f) Fees for separately insured projects	\$ _____	\$ _____	\$ _____
16. Does your company or any related company engage in product sales or rental? Do they act as a representative for any product or services other than their own? ☐ YES ☐ NO
If yes, please provide detailed explanation: _____
17. List your Company's three (3) largest O&G jobs in the past year with description of services performed and fees for each job and the client:
 1. _____
 2. _____
 3. _____
18. What is your average contract value? \$ _____ Largest contract value? \$ _____

CLAIMS

19. Related to Oil & Gas operations, has the Company, its partners, directors, officers or employees ever had an order to cease & desist or a written demand or civil proceedings for compensatory damages made against them in past 5 years? ☐ YES ☐ NO

If YES, please provide an explanation on a separate sheet of paper: such as Date of claim, Claimant's name, Nature of claim, Amount of indemnity payment, Defense costs, Final dispositions or current status of claim.

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name	_____	Position Held	_____
Applicant's Signature:	_____	Date	_____
Brokerage:	_____	Broker Name:	_____
Broker Email:	_____	Broker Phone:	_____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizprofessional@premiergroup.ca ****

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