

OIL & GAS OFFSHORE SUPPLEMENTAL APPLICATION

Dependent upon state authority, you are applying for insurance coverage provided by and underwritten by one of the following insurance companies of ARGO GROUP US:

COLONY INSURANCE COMPANY ▪ COLONY SPECIALTY INSURANCE COMPANY

1. Name of Applicant: _____

2. Years in business: _____

3. Description of operations. Detail the offshore & over-water operations:

4. Areas of Operations (Operations should Total 100%):

- a. Land Based operations (Dry) _____%
- b. Inland "Brown Water" (Includes: Swamps, Marshes, Bayous, Bogs, Lakes, etc.) _____%
- c. Coastal Areas of U.S.A. / Gulf of Mexico; "Blue Water" _____%

5. Total projected gross payroll: _____

6. Historical & projected split payroll figures:

	Projected	Expiring	2 nd year prior	3 rd year prior	4 th year prior
Jones Act	\$	\$	\$	\$	\$
USL&H	\$	\$	\$	\$	\$
Land Based	\$	\$	\$	\$	\$

7. Historical & projected total gross sales:

	Projected	Expiring	2 nd year prior	3 rd year prior	4 th year prior
Annual Sales	\$	\$	\$	\$	\$

- a. Of the total projected sales, what is the percentage of land based operations? _____%
- b. Of the total projected sales, what is the percentage of offshore operations? _____%

OPERATIONS BY CLASSIFICATION

Please provide gross sales and payroll for the following:

	Payroll	Sales
Workover		
Logging & Wireline Ops		
Cementing		
Cleaning/Swabbing		
Fracturing		
Acidizing		
Perforating		

OPERATIONS BY CLASSIFICATION cont.

Please provide gross sales and payroll for the following:

	Payroll	Sales
Fishing & Specialty Tool Ops		
Installation/Removal of Casing		
Drilling / Re-drilling		
Erection/Dismantling of Rigs/Derricks		
Hot Oil Operations		
Geological Exploration		
Mud Engineering Ops		
Consulting Ops (Inclusive of Safety Consulting)		
Inspection Services (Inspecting Welds, Pipes, Vessels via X-Ray/Gamma Ray Technology etc.)		
Inspection Services (Crane Inspection)		
Torque Testing Equipment (BOP's Included)		
Welding (Non-Critical e.g. Handrails, Steps, Fabrication/Repair of surface based equipment, etc.)		
Welding "Over-The-Hole"		
Pipeline Construction		
Pipeline Operations (Anti-Corrosion Applicators, Hydro Static Testing, etc.)		
Equipment Installation, Service or Repair Work		
Electrical Operations		
Telecommunication/Satellite (Equipment Installation & Providers)		
Gallyhands (Cooking, Cleaning, Janitorial, etc.)		
Platform Lease Work Ops (Includes: Painting, Sandblasting, Carpentry, Pressure Washing, etc.)		
Other Operations not described above (please explain)		

8. What operations do you subcontract?

Operations	Cost

9. Which of the following do you require from subcontractors:

- Certificates of Insurance
- Additional Insured status for yourself on the subcontractors insurance policy
- Waiver of Subrogation provisions on the subcontractors insurance policy
- Pollution
- Underground Resources & Equipment

10. What limits of insurance do you require for your subcontractors? _____

11. Does the insured engage in any diving operations? Yes No

12. Does the insured perform any subsea work? Yes No

13. Does the insured perform any international operations? Yes No

14. Total number of employees: _____

15. Maximum number of employees exposed overwater at any one time: _____

16. Fixed or Permanent Platform Vs. Vessel Operations Split:

Fixed Platform Operations _____%

Vessel Operations _____%

17. Does the insured own and/or operate any watercraft? Yes No

(The definition of a watercraft includes any vessel or special structure other than a fixed, permanent platform, which is capable of navigation either under its own power or being towed. Jack-ups, semi-submersibles and/or other barges are deemed to be watercraft for the purpose of the above question.)

18. Does the employer transport employees by vessel? Yes No

19. Are employees leased or borrowed by other insureds? Yes No

20. Does employer rent owned vessels with operator to others? Yes No

21. What special safety procedures has the insured implemented with regard to offshore work?

22. Do you have a formal/written safety program in place? Yes No

23. Are there periodic safety meetings? Yes No

If "Yes," how often? _____

24. What is the current WC modifier? _____

25. Within the past 5 years, has the insured received any OSHA penalties, fines or citations? Yes No

If "Yes", please describe.

**GENERAL FRAUD STATEMENT
(Not applicable in all states)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE