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**LEASE OPERATOR/NON OPERATOR/GAS-OIL PIPELINE
OPERATOR SUPPLEMENT**

NAME OF INSURED _____

FOLLOWING QUESTIONS APPLY TO OPERATORS:

1. NUMBER OF WELLS TO BE DRILLED _____
2. NUMBER OF PRODUCING WELLS – OIL _____
3. NUMBER OF NON-PRODUCING WELLS – OIL _____
4. NUMBER OF PRODUCING WELLS – GAS _____
5. NUMBER OF NON-PRODUCING WELLS – GAS _____
6. NUMBER OF PLUGGED, SHUT-IN OR ABANDONED WELLS _____
7. NUMBER OF SALTWATER DISPOSAL WELLS _____
8. NUMBER OF WELLS WITHIN CITY LIMITS, TOWNSHIP OR RAILROAD WRIGHT OF WAY _____
9. NUMBER OF WELLS LOCATED IN OCEANS, GULF OR BAYS _____
10. NUMBER OF WELLS LOCATED IN MARSHES AND/OR LAKES _____
11. LOCATION OF WELLS _____

12. MAXIMUM DEPTH OF WELLS _____
13. AVERAGE DEPTH OF WELLS _____
14. DOES THE INSURED OWN AND/OR OPERATE ANY GATHERING SYSTEMS? _____
IF SO, PROVIDE DETAILS AT THE END OF QUESTIONNAIRE.
15. DOES THE INSURED OWN AND/OR OPERATE ANY TRANSMISSION LINES? _____
IF SO, PROVIDE DETAILS AT THE END OF QUESTIONNAIRE.
16. INDEPENDENT CONTRACTORS COST _____
17. DOES THE INSURED OBTAIN & KEEP ON FILE CERTIFICATES OF INSURANCE?

1. DOES INSURED HAVE SUBCONTRACTORS NAME THEM AS ADDITIONAL INSURED UNDER THE SUBCONTRACTORS CGL POLICY & HOLD THE INSURED HARMLESS?

2. WHAT LIMITS OF LIABILITY DOES THE INSURED REQUIRE THE SUBCONTRACTOR TO CARRY? _____
3. NUMBER OF EMPLOYEES _____
4. PAYROLL _____
5. GROSS RECEIPTS _____

FOLLOWING QUESTIONS APPLY TO NON-OPERATORS:

1. NUMBER OF PRODUCING WELLS – OIL 0-25% _____ 26-50% _____ OVER 50% _____
2. NUMBER OF NON-PRODUCING WELLS – OIL 0-25% _____ 26-50% _____ OVER 50% _____
3. NUMBER OF PRODUCING WELLS – GAS 0-25% _____ 26-50% _____ OVER 50% _____
4. NUMBER OF NON-PRODUCING WELLS – GAS 0-25% _____ 26-50% _____ OVER 50% _____
5. NUMBER OF WELLS TO BE DRILLED 0-25% _____ 26-50% _____ OVER 50% _____
6. NUMBER OF PLUGGED, SHUT-IN &/OR ABANDONED WELLS _____
7. NUMBER OF WELLS WITHIN CITY LIMITS, TOWNSHIPS OR RAILROAD RIGHT OF WAY _____
8. NUMBER OF WELLS LOCATED IN OCEANS, GULF OR BAYS _____
9. NUMBER OF WELLS LOCATED IN MARSHES AND/OR LAKES _____
10. LOCATION OF WELLS _____

11. MAXIMUM DEPTH OF WELLS _____
12. AVERAGE DEPTH OF WELLS _____
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FOLLOWING QUESTIONS APPLY TO GAS/OIL PIPELINE OPERATOR

1. DOES THE INSURED OPERATE CROSS COUNTRY, TRANSMISSION, OR GAS GATHERING PIPELINES? _____ HOW MANY TOTAL MILES OF ALL LINES? _____ PROVIDE THE NUMBER OF COMPRESSOR STATIONS LOCATED ON THE LINE _____
2. DOES THE INSURED OWN OR OPERATE ANY GAS SWEETNING FACILITIES? _____ DOES THE INSURED OPERATE ANY TYPE OF REFINING, RECOVERY SYSTEM, OR PLANT OPERATION? _____ IF SO, EXPLAIN _____
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3. WHAT TYPE OF PIPELINE SYSTEM DOES THE INSURED HAVE?
- | | |
|---------------|----------------|
| _____ STEEL | _____ < 4" |
| _____ PLASTIC | _____ 4" - 8" |
| _____ OTHER | _____ 8" - 12" |
| | _____ OVER 12" |
4. DOES THE PIPELINE CROSS ANY RIVER, STREAM, BODY OF WATER? _____ DOES THE PIPELINE CROSS ANY MAJOR ROADS OR RAILROADS? _____ EXPLAIN IF YES TO ANY OF ABOVE
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5. HOW OFTEN IS THE LINE CHECKED FOR LEAKS? _____ WHO IS RESPONSIBLE FOR REPAIRS? _____ IS THERE A COPY OF A RECENT LEAK SURVEY FOR OUR REVIEW? _____ IF SO, PLEASE ATTACH.
6. DOES THE INSURED SELL ANY GAS DIRECTLY TO CUSTOMERS? _____ IS THE INSURED CONSIDERED A UTILITY? _____ IF SO, WE WILL NEED A RECENT DOT REPORT AND A GAS UTILITY QUESTIONNAIRE COMPLETED.
7. HOW MANY EMPLOYEES DOES THE INSURED HAVE? _____ TOTAL AMOUNT OF ANNUAL PAYROLL? _____
8. TOTAL AMOUNT OF ESTIMATED GROSS RECEIPTS? _____
9. ARE THE PIPELINES MARKED WITH WARNING SIGNS? _____

FOLLOWING QUESTIONS APPLY TO ALL

1. DOES THE INSURE OPERATE OR HAVE A FINANCIAL INTEREST IN: GAS PROCESSING, SQUEEZING OR SWEETENING FACILITIES, GASOLINE RECOVERY, TRANSMISSION PIPELINES, SECONDARY OIL OR GAS RECOVERY OPERATIONS OR COMPRESSOR STATIONS? _____ PLEASE EXPLAIN:
2. DOES THE INSURED OPERATE OR HAVE A FINANCIAL INTEREST IN: A FIELD GATHERING SYSTEM? _____ IF SO, PROVIDE DETAILS AND TYPE OF PIPE, ABOVE OR BELOW GROUND, DIAMETER OF PIPE, TOTAL MILES OF LINES, OIL OR GAS, PRESSURE, ETC... DOES LINE CROSS LEASE ONLY OR LAND OWNED BY OTHERS? _____ DOES IT CROSS ANY ROADS?

3. DOES INSURED HAVE ANY STORAGE TANKS? _____ IF SO, ARE THEY LOCATED IN POPULATED AREAS? _____ ARE THEY ABOVE OR BELOW GROUND? _____ ARE THEY FENCED AND DIKED? _____ PLEASE GIVE NUMBER/AGE/CAPACITY OF TANKS.

4. ARE CERTIFICATES OF INSURANCE REQUIRED OF SUBCONTRACTORS? _____ WHAT LIMITS OF LIABILITY ARE REQUIRED OF SUBCONTRACTORS?

5. IS THE INSURED ENGAGED IN EMPLOYEE LEASING? _____ IF YES, ATTACH COPY OF EMPLOYEE LEASE AGREEMENT

6. DOES THE INSURED PROVIDE WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY? _____