



1778 Orleans Street, Mandeville, La 70448
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“OIL & GAS” CONSULTANTS QUESTIONNAIRE

NAME OF APPLICANT _____
ADDRESS _____

1. DESCRIBE YOUR OPERATIONS. IF AVAILABLE, PLEASE ATTACH BROCHURE DESCRIBING YOUR FIRMS SERVICES: _____

2. DOES YOUR FIRM OPERATE OUT OF ANY LOCATION OTHER THAN THE ONE LISTED ABOVE? _____

3. HAVE ANY CLAIMS INVOLVING PROFESSIONAL SERVICES OR EMPLOYMENT PRACTICES BEEN MADE OR LEGAL ACTIONS BEEN BROUGHT IN THE PAST FIVE YEARS? _____ YES
_____ NO IF YES, PLEASE EXPLAIN _____

4. 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
5. NUMBER OF YEARS EXPERIENCE AS A CONSULTANT? LIST ANY CERTIFIED TRAINING COURSES, ETC. _____

6. ANY OFFSHORE OR WET OPERATIONS? IF YES, WHAT IS THE PERCENTAGE OF OPERATIONS AND WHO IS RESPONSIBLE FOR TRANSPORTATION TO JOBSITE? _____

7. WHAT IS THE PERCENTAGE OF NON-OILFIELD CONSULTANT OPERATIONS? _____

8. LIST OF COMPANIES FOR WHICH YOU OPERATE UNDER CONTRACT OR AGREEMENT? _____

9. IS APPLICANT RESPONSIBLE FOR HIRING/FIRING SUBCONTRACTORS? DOES INSURED EXERCISE ANY CONTROL OVER SUBCONTRACTORS? _____

10. DOES INSURED HAVE PROFESSIONAL LIABILITY IN PLACE WITH ANOTHER CARRIER? _____

EMPLOYEE PAYROLL \$ _____ NUMBER OF EMPLOYEES _____
NUMBER OF ACTIVE OWNERS _____ GROSS RECEIPTS \$ _____

SIGNATURE OF APPLICANT DATE