

132906

# CertCon Oil and Gas Questionnaire - Land Operations

(a supplement to the ACORD or other standard certificate of liability insurance)

**for informational purposes only**

Date Issued:

This form contains questions about coverages that are not on a standard Acord or similar certificate of insurance. Please complete for all coverages provided for the insured, and **return along with an Acord** or similar certificate to the certificate holder c/o CertCon Services P.O. Box 17150 Fort Worth, TX 76102-0150, voice 817-810-0870, fax 817-810-0869  
**Where coverages are not provided, leave boxes blank.**

## Company Information (complete only if not shown on an attached Acord or similar certificate)

Producer	Insurance Companies	
_____	Co. A	<b>TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED MAR 11 2014</b>
Insured	Co. B	
Certificate Holder	Co. C	

## Energy Coverages

Co Ltr	Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits (\$000)
	Control of Well		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Contractors Property/Equipment		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Aircraft Liability		<input type="text"/>	<input type="text"/>	<input type="text"/>

## Supplemental Coverage Information Place an x in the "Y" or "N" column as required

General Liability	Excess Liability	Auto Liability	Work Comp Emp.Liab.	Control Of Well	Contractors Property/Equip.	Aircraft Liability	Protection & Indemnity	Hull & Machinery
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	N.A. - see Wet Op. form	
1) Is the certificate holder an Additional Insured either "as required in a written contract" or by being specifically named? <input type="checkbox"/> <input type="checkbox"/>								
2) If 1) is "Yes", does the additional insured coverage include the language, "...with respect to liability arising out of your operations for that insured...", or, "...but only for covered bodily injury and property damage that results from your work for that person or organization..."? <b>If not, or if similar, do not answer "Y" or "N" and please send additional insured language.</b> <input type="checkbox"/> <input type="checkbox"/>								
3) If 1) is "Yes" does the additional insured provision, or any related endorsements thereto, state the insurance is "primary" either: if "agreed in a written contract or agreement that this insurance will be primary", or without reference to a written contract or agreement. <b>If wording is similar, do not answer "Y" or "N" and please send additional insured language for CertCon review and skip to 5), below.</b> <input type="checkbox"/> <input type="checkbox"/>								
4) If 3) is "No", does the additional insured provision include language that states that it will be "excess"? <input type="checkbox"/> <input type="checkbox"/>								
5) If 3) and 4) are "No", (or not answered), does the Other Insurance clause in the policy have any language <b>OTHER THAN</b> the insurance is "excess over any other primary insurance available to the named insured that covers liability for damages that arise out of premises, operations, products, and completed operations where the named insured was added as an additional insured"? <b>If so, please send the Other Insurance language from the policy.</b> <input type="checkbox"/> <input type="checkbox"/>								
6) Does the policy waive subrogation either "as required in a written contract" or by being specifically naming the Certificate Holder? <input type="checkbox"/> <input type="checkbox"/>								
7) Are there any known claims that would reduce or exhaust the aggregate? If "Yes", please enter amount of claims, here:								\$ <input type="text"/>
8) Is the policy written using CG0001 10/01 edition date or newer? <input type="checkbox"/> <input type="checkbox"/>								
9) If 8 is "Yes", is there any language in an endorsement or separate policy referencing pollution? If "Yes" please send such pollution language. <input type="checkbox"/> <input type="checkbox"/>								
10) If 8 is "No", is there any reference to pollution in the policy or an endorsement? If "Yes" please send such pollution language. <input type="checkbox"/> <input type="checkbox"/>								
11) Is there a separate pollution policy? If "Yes", please send such policy for review. <input type="checkbox"/> <input type="checkbox"/>								
12) Does the Umbrella/Excess Liability exclude any pollution covered in the underlying policy? If "Yes" please send such pollution language. <input type="checkbox"/> <input type="checkbox"/>								

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General Liability <input type="checkbox"/> Y <input type="checkbox"/> N	Excess Liability <input type="checkbox"/> Y <input type="checkbox"/> N	Auto Liability <input type="checkbox"/> Y <input type="checkbox"/> N	Work Comp Emp.Liab. <input type="checkbox"/> Y <input type="checkbox"/> N	Control Of Well <input type="checkbox"/> Y <input type="checkbox"/> N	Contractors Property/Equip. <input type="checkbox"/> Y <input type="checkbox"/> N	Aircraft Liability <input type="checkbox"/> Y <input type="checkbox"/> N	Protection & Indemnity N.A. - see Wet Op. form	Hull & Machinery
13) Does the Contractual Liability exclusion say that it "does not apply to liability for damages assumed in a contract or agreement that is an 'insured contract'..."? (some policies refer to as "covered contract") <b>Note: Answer "Yes" if these is no contractual liability exclusion.</b>								
14) Does the Definition section in the policy define an insured contract as "... any contract pertaining to your business under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization."? (i.e. without stipulations as to which party caused the loss) ex. CG0001 wording is OK								
15) Does the employee injury exclusion in the Employers Liability section of Exclusions have the exception where the "exclusion does not apply to liability assumed by the insured under an 'insured contract'"? (i.e. "Action Over" claims are not excluded) (CG0001 is OK)								
16) Does the policy specifically EXCLUDE Premises and Operations?								
17) Does the policy specifically EXCLUDE coverage for contractors or sub-contractors work?								
18) Does the policy specifically EXCLUDE Blowout and Cratering?								
19) Does the policy specifically EXCLUDE bodily injury and property damage due to explosion?								
20) Does the policy specifically EXCLUDE bodily injury and property damage due to collapse?								
21) Does the policy specifically EXCLUDE underground property damage?								
22) Does the policy specifically EXCLUDE Underground Resources?								
23) Does the policy specifically EXCLUDE Punitive Damages?								
24) Does the policy provide coverage for "All States", other than those with monopolistic state funds? In not, please provide list of specific states covered.								
25) Is the Workers Compensation policy approved by the applicable state's department of insurance?								
26) Only applicable in Louisiana - Is the certificate holder a "Statutory Employer"?								
27) Does the policy provide a Borrowed Servant/Alternate Employer endorsement?								
28) Does the policy provide a Voluntary Compensation endorsement?								
29) Does the policy specifically include all:								
					a. owned aircraft? b. non-owned aircraft? c. fixed wing aircraft? d. rotary aircraft?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Authorized Representative

THE INFORMATION PROVIDED ON THIS FORM DOES NOT  
 CONFER ANY RIGHTS OR OBLIGATIONS OTHER THAN THE  
 RIGHTS AND OBLIGATIONS CONVEYED BY THE SUBJECT  
 POLICIES; TERMS OF THE POLICIES CONTROL OVER ANY  
 INFORMATION PROVIDED HEREIN.

TEXAS DEPT. OF INSURANCE  
 AUSTIN, TEXAS  
 APPROVED

Notes:

MAR 11 2014