

# CoverX

The Coverage Experts  
www.coverx.com

Producer: \_\_\_\_\_

Producer Is:  Wholesaler  Retailer

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Excess & Surplus Lines License No.: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

If Renewal, Provide Current Policy No.: \_\_\_\_\_

## FLORIDA

3050 NORTH HORSESHOE DRIVE, SUITE 200  
NAPLES, FLORIDA 34014  
(239) 430-9119 Telephone  
(239) 430-9416 Fax  
coverxfl@coverx.com Underwriting Email

## TEXAS

311 S. JUPITER, SUITE 200  
ALLEN, TEXAS 75002  
(214) 495-7717 Telephone  
(214) 495-7062 Fax  
coverxtx@coverx.com Underwriting Email

## ILLINOIS

ONE SOUTH WACKER DRIVE, SUITE 2740  
CHICAGO, ILLINOIS 60606  
(312) 641-0226 Telephone  
(312) 641-9858 Fax  
coverxil@coverx.com Underwriting Email

## BOSTON

TEN POST OFFICE SQUARE SOUTH, SUITE 350  
BOSTON, MASSACHUSETTS 02109  
(617) 426-6262 Telephone  
(617) 426-8488 Fax  
coverxma@coverx.com Underwriting Email

### Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State: \_\_\_\_\_

SL License No.: \_\_\_\_\_

SL License Expiration Date: \_\_\_\_\_

SL Licensee Name: \_\_\_\_\_

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): \_\_\_\_\_

SL Licensee Agency Name (if Entity License): \_\_\_\_\_

## OIL & GAS CONTRACTORS SUPPLEMENT

(Must be fully completed and attached to the application)

Insured			
Gross Receipts	Projected	First Prior Year	Second Prior Year
Total Payroll	Projected	First Prior Year	Second Prior Year

### DRILLER/WORKOVER CONTRACTORS

1	Number of Rigs Owned		
2	Average Number of Drilling/Workover		
3	Maximum Depth of Drilling/Workover		
4	Average Depth Driller		
5	States in which the Insured Operates		
6	Any Operations over water?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	If yes, list the type of work over water		
8	Overwater Operation	Payroll	Receipts

**SPECIALTY CONTRACTORS**

1	Cementing	Units	Payroll	Receipts
2	Cleaning/swabbing	Units	Payroll	Receipts
3	Erection/dismantling of derricks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payroll	Receipts
4 a	Number of cranes			
4 b	Type of cranes			
5	Fracturing/Acidizing	Units	Payroll	Receipts
6	Hot Oil/Vacuum	Units	Payroll	Receipts
7	Installation/Removal of Casing	Units	Payroll	Receipts
8 a	Lease Work		Payroll	Receipts
8 b	Description of type of work			
9	Logging		Payroll	Receipts
10	Operations over water	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payroll	Receipts
11	Perforating	Units	Payroll	Receipts
12 a	Refinery or Petrochemical work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payroll	Receipts
12 b	Description of type of work			
13 a	Equipment rented to others	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payroll	Receipts
13 b	Type of Equipment rented			
14 a	Specialty Tool Operation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payroll	Receipts
14 b	Description of Operation			
15 a	Trucking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payroll	Receipts
16 a	Welding or Cutting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payroll	Receipts
16 b	Welding or Cutting	Shop %	Field %	
16 c	Other Welding or Cutting			
17 a	Does Insured Hire Subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sub Costs	
17 b	Does Insured receive from Subs?	Indemnification Agreement?		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hold Harmless agreement?		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Certification of insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional Insured Coverage?		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Notice of Cancellation?		Yes <input type="checkbox"/> No <input type="checkbox"/>



## NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY THAT YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: \_\_\_\_\_  
Insured: \_\_\_\_\_