



InNAVation for Drillers Supplemental Application

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Named Insured:
Web-Site Address:

Operations: (Complete all that apply):

Do any current or prior operations differ substantially in nature from your normal drilling operations? Yes No

Please explain if yes: _____

Operations you perform?	Percentage of your Operation?
Domestic Well Drilling	%
Industrial / Commercial Well Drilling	% Please explain
Geothermal Drilling	%
Geotechnical / Exploratory Drilling	% Please explain
Environmental Drilling (Monitoring)	%
Agricultural Drilling	% Please explain
Oil or Gas Drilling	% Not Eligible
Pump Installation, Repair or Service	%
Other (please explain)	%

1) **Explanation for any items above:**

2) Do you perform any plumbing operations inside the premises? Yes No

3) For pump installation, repair or service, do you perform the connection / hookup to the premises? Yes No

4) Does the business have any past, present or future operations in the states of Arizona, California or Nevada? Yes No

If yes, please describe:

5) Does the business perform any out of state operations? Yes No

If yes, where?

6) What is the average drilling experience for your drilling employees (years)?

7) What is the average work experience for your drilling helpers (years)?

A) What Service do you use to verify the location of utility lines?

B) How many years of experience do you have in the drilling / pump business?

C) How many years has this entity been in business?

D) Does your business perform or subcontract any **blasting**?

Perform: Yes No Subcontract: Yes No

1) If performing, are you certified by the state? Yes No

2) If subcontracting, are subs certified by the state? Yes No

3) Do you require Certificates of Insurance from Subs? Yes No

3) If Yes, what limits of liability are required?

E) **Do you use Subcontractors?** (Complete the following, if yes) Yes No

1) Are Certificates of insurance always obtained? Yes No

2) Are subcontractors' limits equal to or greater than your limits of liability?
Yes No

3) Are you named as an additional insured on the subcontractors' general liability policy?
Yes No

4) What percentage of your work is subcontracted out? %

5) What is the annual cost (receipts)? \$

6) What type of work is subcontracted out?

7) Do you have a standard formal written contract for subcontractors? Yes No

If yes, does it have a hold harmless / indemnification agreement in your favor?
Yes No

How long do you maintain records of the above documents?

F) Do you perform or subcontract any monitor well drilling or installation at **hazardous waste or superfund sites**? Yes No

1) What percentage of work is done at site levels noted below?

A % B % C % D %

G) Do you perform **Hydrofracture Work**? Yes No

1) If yes, what is the percentage of total jobs involving Hydrofracture work? %

H) What measures are taken to restrict public access to **job sites** (i.e. traffic control, barricading, etc...)?

I) What measures are taken to protect business premises including storage yard (i.e. fencing, video cameras, etc...)?

J) Do you make guarantees as to the pressure, quality or potability of the Water? Yes No

K) Does the business perform any pollution monitoring or testing? Yes No

L) Does the business perform any pollution clean up, remediation or transportation? Yes No

L) Do you analyze and/or make any recommendations based on the results of soil or water samples? Yes No

N) Do you have a Formal Written Safety Program in place? Yes No

O) Do you conduct regular worksite inspections? Yes No

Automobile / Rigs:

What is your radius of operations?

< 50 Miles % 51-200 Miles % > 200 Miles %

Do you haul goods of others for hire? Yes No

Are any motor carrier filings needed? Yes No

If yes, what filings?

Is there a formal driver selection in place? Yes No

Please Describe

Is there an MVR ordering program for new and existing drivers? Yes No

Please Describe

Are the obtained mvrs compared against written standards? Yes No

Is there a new driver orientation and safety training program in place? Yes No

Is random and post accident drug testing performed? Yes No

Is there a formal vehicle maintenance and inspection program in place? Yes No

Please Describe

How are vehicles protected when not in use (in yard and on job site)?

Do you comply with all DOT and state specific safety standards? Yes No

Are employees or their family members allowed personal use of company vehicles?
Yes No

Drill Rigs

Are your Drill Rigs equipped with manufacturer installed hydraulic levelers or outriggers that are functioning properly? Yes No

Do you assign specific drivers to each drill rig? Yes No

Are your rigs equipped with **proper safety equipment** (i.e. fire extinguishers)?
Yes No

Is the jobsite surveyed by an experienced supervisor to determine the **safest route** on to the work site? Yes No

When driving on to the work site, do you use a **two man team**? Yes No

Drill Rig #1:

Drill Rig Manufacturer/Model (i.e. Schramm, etc)
Complete Serial Number of rig.
Chassis / Vehicle Make (i.e. Sterling, Ford, Chevy)
Name of Driver for this rig:
Number of years driving this rig:

Drill Rig #2:

Drill Rig Manufacturer/Model (i.e. Schramm, etc)
Complete Serial Number of rig.
Chassis / Vehicle Make (i.e. Sterling, Ford, Chevy)
Name of Driver for this rig:
Number of years driving this rig:

Drill Rig #3:

Drill Rig Manufacturer/Model (i.e. Schramm, etc)
Complete Serial Number of rig.
Chassis / Vehicle Make (i.e. Sterling, Ford, Chevy)
Name of Driver for this rig:
Number of years driving this rig:

Drill Rig #4:

Drill Rig Manufacturer/Model (i.e. Schramm, etc)
Complete Serial Number of rig.
Chassis / Vehicle Make (i.e. Sterling, Ford, Chevy)
Name of Driver for this rig:
Number of years driving this rig:

WARRANTY: The purpose of the Supplemental Questionnaire is to assist the underwriting process. The information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This Supplemental Application to which it is appended, shall be the basis of any insurance policy that may be issued and will be a part of such policy.

Signature of Applicant: _____

Date: _____

Printed Name: _____

Title: _____