

* Please complete the General Information, Employee Information and Safety Information sections, along with the Risk Specific sections*

Completed By:	In addition to the supplemental information, please attach the following if applicable:
Title:	
Date:	

- Currently Valued Loss Runs
- 5 Year Premium Figures
- Experience Rating Worksheet

General Information and Operations

Company Name:	FEIN:
Number of years experience in this industry:	Number of years managing in industry:

Business Operations:
(Please Check All That Apply)

Pre Production

- Cementing
- Dirt/Aggregate hauling *
- Geological Survey
- Electrical Work
- Equipment Repair/Installation
- Equipment Hauling
- Equipment Rental
- Land Grading/Earth Moving
- Hot Shot Services
- Rig Erection
- Roustabout*
- Water Hauling
- Other: _____

Well Drilling

- Cementing/Spudding
- Drilling*
- Equipment Rental
- Fishing
- Hydraulic Fracturing
- Hot Shot Services/Equipment Hauling
- Kill Truck Operation
- Instrument Logging
- Perforating
- Pipeline Construction
- Re-Drilling
- Roustabout*
- Rig Dismantling
- Tank Cleaning
- Water Hauling
- Other: _____

Well Servicing

- Cementing
- Electrical Work
- Equipment Repair/Installation
- Equipment Rental
- Flow-Back Work
- Hot Shot Services/Equipment Hauling
- Kill Truck Operation
- Well Swabbing/Acidizing/Bailing
- Welding
- Well Head Installation/Repair
- Well Servicing*
- Work-Over
- Wire-line Services
- Other: _____

Note- If box is checked, please complete the EZ Quote sections that apply to the applicant.

List the states traveled to, frequency per month and the duration of the jobs performed:

State	Frequency of Travel (Per Month)	Duration of Job (# Days)

Do you have Workers' Compensation coverage in the above listed states? Yes No

If yes, please provide the name of the carrier and policy number for each state:

Carrier	Policy Number

Are there other owned entities? Yes No

If yes, please provide the name and federal ID number for the other owned entities:

Name	FEIN

Are these entities insured? Yes No

If yes, please provide name of the carrier and the policy number for each entity:

Carrier	Policy Number

What is the radius of operations? Usual: _____ miles Maximum: _____ miles

What is the number of company owned vehicles? _____ N/A

Who conducts the maintenance of company owned vehicles?

Routine _____ Major _____

How often is vehicle maintenance performed?

Daily Weekly Monthly Quarterly Annually Other: _____

Are trucks leased from other individuals or companies? Yes No N/A

If yes, what is the DOT#? _____

Who is responsible for leased vehicle maintenance?

Routine _____ Major _____

How often is vehicle maintenance performed for leased vehicles?

Daily Weekly Monthly Quarterly Annually Other: _____

Are CDL licenses required? Yes No If yes, are they verified annually? Yes No

Employee Information

How many employees are on staff: Full Time: _____ Part Time: _____

What are the average hours of operations? _____ to _____

What is the average duration of a work shift? _____ hrs.

Do The employees reside in New Mexico? Yes No

Are the employees hired in New Mexico? Yes No

Does the applicant maintain Out of State coverage? Yes No

If yes, please provide proof of Out of State coverage information:

Carrier	Policy Number

How many drivers have the following years of experience?

- Less than One Year Experience _____
- 1-3 Years Experience _____
- 3-5 Years Experience _____
- Greater than 5 Years Experience _____

How are employees paid?

(Please Check All That Apply):

 W-2' S 1099's Cash Other: _____
What percentage of the work is subcontracted? _____%**If subcontractors are used, are Certificates of Insurance obtained?** Yes No

* Please note: Premiums must be paid on uninsured subcontract labor *

If certificates are not obtained, what amount of payroll should be added for uninsured contract labor?

- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____

Please check all hiring practices utilized by the applicant:

- | | | |
|--|---|---|
| <input type="checkbox"/> Applicant Interviews | <input type="checkbox"/> Medical Questionnaires | <input type="checkbox"/> New Employee Orientation |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Post-Offer Physicals | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Reference Checks | |
| <input type="checkbox"/> Pre-hire <input type="checkbox"/> Random <input type="checkbox"/> Post Accident | | |

Safety Information**Is a safety program utilized in the workplace?** Yes No **If yes, is the program?** Written Verbal**Does the safety program address/include:**

(Please Check All that Apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Accident/Injury Investigation | <input type="checkbox"/> Onsite Supervisor | <input type="checkbox"/> Safety Incentive Program |
| <input type="checkbox"/> Ladder Tie Offs | <input type="checkbox"/> Personal Fall Protection | <input type="checkbox"/> Safety Orientation |
| <input type="checkbox"/> Emergency Response Plan | <input type="checkbox"/> Progressive Disciplinary Action Plan | <input type="checkbox"/> Substance Abuse Awareness Training |
| <input type="checkbox"/> Fire Extinguisher Training | <input type="checkbox"/> Respirator Medical/Annual Fit Test | <input type="checkbox"/> Tank Baffles Installed |
| <input type="checkbox"/> H2S Training | <input type="checkbox"/> Return to Work Program | <input type="checkbox"/> Third Party Safety Company |
| <input type="checkbox"/> Job Safety Analysis (JSA's) | <input type="checkbox"/> Routine Safety Inspections | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lock Out/ Tag Out Procedures | <input type="checkbox"/> Safety Committee/Safety Officer | |
| <input type="checkbox"/> Machine Guards (including power tools) | <input type="checkbox"/> Safety Data Sheets (SDS) | |

Please check the personal protective equipment that is enforced:

(Please Check All That Apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Dust Masks | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Safety Vests |
| <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Respirators (including fit tests) | <input type="checkbox"/> Steel Toe Boots |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hard Hats | | |

Please check all OSHA guidelines that apply:

- | | |
|--|--|
| <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> Sloping |
| <input type="checkbox"/> Chemical/Solvent Storage (GHCS) | <input type="checkbox"/> Trenching |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Overhead Protection | <input type="checkbox"/> Signs, Signals and Barricades |
| <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Other: _____ |

Does the driving program address/include:

(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cell Phone Usage | <input type="checkbox"/> Progressive Disciplinary Plan |
| <input type="checkbox"/> Impaired/Aggressive/Distracted Driving | <input type="checkbox"/> Mandatory Seat Belt Usage |
| <input type="checkbox"/> Initial and Routine MVR Checks | <input type="checkbox"/> Vehicle Tracking Device |

Are all field employees H2S certified? Yes No

Is the use of H2S monitors enforced? Yes No

Are the guidelines of the Association of Energy Service Companies (AESC) followed when rigging up and rigging down? Yes No

Does the applicant perform regular safety training? Yes No

If yes, identify the frequency:

Daily Weekly Monthly Quarterly Annually Other: _____

Does the applicant perform regular tailgate/tool box safety meetings? Yes No

If yes, identify the frequency:

Daily Weekly Monthly Quarterly Annually Other: _____

Please identify the individual responsible for safety training and their title:

Name: _____ Title: _____

Please Continue to Complete all Sections that Apply to the Applicant.

Roustabout Operations

Please check all operations that apply to the applicant:

- | | | |
|---|---|--|
| <input type="checkbox"/> Anchor Setting | <input type="checkbox"/> Lease Road Work | <input type="checkbox"/> Site Clean-Up |
| <input type="checkbox"/> Cathodic Protection | <input type="checkbox"/> Off-Site Painting | <input type="checkbox"/> Site Preparation |
| <input type="checkbox"/> Crane Operation | <input type="checkbox"/> On-Site Painting | <input type="checkbox"/> Tank Battery Erection |
| <input type="checkbox"/> Power Line Construction | <input type="checkbox"/> Off-Site Compressor Station Work | <input type="checkbox"/> Tank Cleaning |
| <input type="checkbox"/> Equipment Repair | <input type="checkbox"/> On-Site Compressor Station Work | <input type="checkbox"/> Tank Entry |
| <input type="checkbox"/> Equipment Installation | <input type="checkbox"/> Off-Site Welding | <input type="checkbox"/> Tool-pusher |
| <input type="checkbox"/> Equipment Rental | <input type="checkbox"/> On-Site Welding | <input type="checkbox"/> Well Head Installation/Repair |
| <input type="checkbox"/> Flow Lines | <input type="checkbox"/> Pump Jack
Erection/Repair/Maintenance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hot Oil Work | | |
| <input type="checkbox"/> Lease Maintenance/Beautification | | |

Please check all safety procedures during tank entry:

- | | |
|---|---|
| <input type="checkbox"/> Flame Retardant Clothing | <input type="checkbox"/> Permit(s) obtained if required |
| <input type="checkbox"/> Communication
<input type="checkbox"/> Visual <input type="checkbox"/> Radio <input type="checkbox"/> Life-Line | <input type="checkbox"/> Respirators |
| | <input type="checkbox"/> Other: _____ |

Lease Owner/Operator

How many years of experience does the owner have as an operator? _____ Yrs.

What is the number of wells operated within the past year? Owned: _____ Non-owned: _____

How many wells have been drilled within the past year? _____

How many wells are anticipated for drilling this year? _____

Is drilling performed on owned- wells? Yes No

Is an approved contractor list maintained? Yes No

Are blow out preventers required on all wells? Yes No

Who provides the blow out preventers? _____

How frequent are wells monitored?

Daily Weekly Monthly Other: _____

Does the applicant monitor well pressure? Yes No

Are storage tanks checked and gauged for the production Status and/or leaks? Yes No

Are pump jacks, separators, heater-treaters, compressors(etc.) monitored? Yes No

Well Servicing Operations

Please check all operations that apply to the applicant:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acidizing | <input type="checkbox"/> Fishing | <input type="checkbox"/> Swabbing |
| <input type="checkbox"/> Casing Installation | <input type="checkbox"/> Flow-back Work | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Casing Pulling | <input type="checkbox"/> Fracturing | <input type="checkbox"/> Wire-line Work |
| <input type="checkbox"/> Cementing | <input type="checkbox"/> Logging | <input type="checkbox"/> Work-over |
| <input type="checkbox"/> Completions | <input type="checkbox"/> Perforating | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Re-drilling | <input type="checkbox"/> Plugging | |
| <input type="checkbox"/> Equipment Rental | <input type="checkbox"/> Salt water disposal/Processing | |

How frequent is rigging inspected?

- Daily Weekly Monthly Quarterly Annually Other: _____

Drilling Operations

Please provide the following rig information:

(Please Check All that Apply)

Number of Owned Rigs: _____ Number of Gas Wells: _____

Number of Active Rigs: _____ Number of Oil Wells: _____

Are drilling contracts executed in accordance with any of the following?

- International Association of Drilling Contractors (IADC)
- American Petroleum Institute (API)
- Other : _____

Please check all operations that Are subcontracted:

- | | | |
|--|---|--|
| <input type="checkbox"/> Casing Installation | <input type="checkbox"/> Perforating | <input type="checkbox"/> Wireline Services |
| <input type="checkbox"/> Cementing | <input type="checkbox"/> Rathole Drilling | <input type="checkbox"/> Water Hauling |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Rig Moving | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Instrument Logging | <input type="checkbox"/> Site Preparation | |
| <input type="checkbox"/> Mud Logging | | |

Please provide the percentage of drilling Type(s) performed?

(Please Check All that Apply)

Footage: _____% Day-work: _____% Turnkey: _____%

Please provide the depths of the wells drilled:

Feet:	0' to 3,000'	3,001' to 7,500'	7,501' to 12,000'	12,001' +
Past Year:				
This Year:				

Does the applicant own the cargo being hauled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do drivers load and/or unload cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is group transportation provided (4 or More per Vehicle)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often is group transportation provided?
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.