

# Oil and Gas EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

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

<b>Completed By:</b>	<b>In addition to the supplemental information, please attach the following if applicable:</b> <ul style="list-style-type: none"> <li>• Currently Valued Loss Runs</li> <li>• 5 Year Premium Figures</li> <li>• Experience Rating Worksheet</li> </ul>
<b>Title:</b>	
<b>Date:</b>	

## General Information and Operations

<b>Company Name:</b>	<b>FEIN:</b>
<b>Number of years experience in this industry:</b>	<b>Number of years managing in industry:</b>

### 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<br>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"/> Respirators                    |
| <input type="checkbox"/> Visual <input type="checkbox"/> Radio <input type="checkbox"/> Life-Line | <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' +
<b>Past Year:</b>				
<b>This Year:</b>				

If applicable, please provide the percentage of operations that are performed in high pressure areas (over 30,000 psi): \_\_\_\_\_ %

If applicable, please provide the percentage of hydraulic fracturing performed: \_\_\_\_\_ %

If applicable, please provide the percentage of horizontal drilling performed? \_\_\_\_\_ %

Does the applicant perform rigging up and rigging down of equipment? ☐ Yes ☐ No

Who performs testing/maintenance of the blow out preventers? \_\_\_\_\_

Who maintains documentation of the testing of blow out preventers? \_\_\_\_\_

Please List Owner/Officers and Provide a Brief Resume of Their Drilling Experience and Any Relevant Experience in Other Oil and Gas Operations. Summarize the Experience of Key Personnel or Attach Resume(s):

### Hauling Operations

How many years of driving experience does the Driver(s) have hauling checked cargo?

(Please Check all that apply)

	One Year:	Two Years:	Three years or more:
<input type="checkbox"/> Dirt/Aggregate:	_____	_____	_____
<input type="checkbox"/> Equipment	_____	_____	_____
<input type="checkbox"/> Gas/Oil	_____	_____	_____
<input type="checkbox"/> Water	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____



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