



WESTERN SURPLUS LINES AGENCY, INC.

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Oil or Gas Well Servicing or Drilling Equipment Application

1. Name of Applicant _____
The Applicant is Individual Partnership Corporation Other
Address of Applicant (No. Street, Town, and State) _____

2. Policy Period From _____ To _____

3. Certificates or Certified Copy of Policy Required For _____

4. Valuation Basis: _____ ACV; Coinsurance Provision: 90% 100%

5. Insert the Deductible and Opposite Each Division of Coverage For Which Insurance Is Desired:

Total Amount of Insurance Per Schedule \$ _____ All equipment which makes up a complete operating unit or rig is covered by the provisions of this policy unless specifically excluded. Those items which may be excluded without affecting the rate are shown in Question 15. Check those items for which no coverage is desired. <input type="checkbox"/> Named Peril <input type="checkbox"/> All Risk	Coverages (use reverse side for other coverages)	Desired	Coins %	Deductible Desired or Minimum
	Base Coverage (Fire, lightning, explosion, blowout & cratering, collision, etc.)			
	Theft			
	Raising, Lowering, Pulling of Derrick or Mast.			
	Loading or Unloading			
	Flood			

6. Description of Equipment: ATTACH SEPARATE LISTING FOR LARGER SCHEDULES

ITEM	MANUFACTURER'S NAME, MODEL NUMBER and SERIAL NUMBER OF MAJOR ITEMS	CLASSIFICATION Rotary, Well Serv., Workover, etc.	APPROX. AGE	PURCHASE DATE	COINSURANCE AMOUNT
			Bought: New - Used	Purchase Price	
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Trucks, Trailers or Vehicles on which unit(s) are permanently mounted are automatically covered for perils afforded by this Policy unless specifically excluded. Such Vehicles are are not to be insured. A full description must be shown below on vehicles to be insured.

Item No.	Year of Model	Model or Trade Name	Serial Number	Actual Cash Value	Cost New

7. Territory: Where will units be used? (If Rotary Drilling Units, indicate Rating Territory)

8. Name and Addresses of Leinholders:

10. Name of Previous Carrier: _____ No Prior Cancellation or Non Renewal of Coverage
11. Rate of Previous Carrier _____
12. Loss Record - Any losses during the last three years? Yes No If Yes, describe under REMARKS
13. Is equipment ever loaned or rented? Yes No If Yes, describe under REMARKS and attach copy of Rental Agreement
14. Is coverage to be provided for the use of air, gas, oil or oil base mud over 25% emulsion for circulating, drilling or cleaning out wells? Yes No
15. The following equipment is to be included in the insurable value of units scheduled:
 Drill Pipe Drill Collars Subs Bits Stems Jars
 Other Specified Items: (provide list for large schedules) _____
-
16. Does insured own, rent or use any drilling, servicing or other equipment not to be covered by this policy?
 Yes No
17. Is Majority of work performed for: Major Oil Companies Independents Self
18. Base Unit - If answer to any of the following is "No", comment under REMARKS.
- A. Is engine equipped with water jacket? Yes No
- B. Is engine equipped with spark arrestors? Yes No
- C. Is rig equipped with fire extinguishers? Yes No If Yes, how many? _____
- D. Is rig equipped with lock boxes for hand tools? Yes No
- E. Is safety wright indicator used? Yes No
- F. Is manufacturer's operating manual on unit? Yes No
- G. Vehicle mounted unit have Derrick _____ Height _____
Poles _____ Height _____ Single or Double
- H. Derrick unit have wind guy lines Yes No - Number used _____
- I. Guy lines anchored to Permanent Dead Men _____ Iron Stakes _____
- J. What solvent is used to clean rigs? _____
19. Power Tongs - If answer to any of the following is "No", comment under REMARKS.
- A. Is power unit located at least 30 feet from rig while in operation? Yes No
- B. Is power unit equipped with water jacket? Yes No
- C. Is power unit equipped with spark arrestors? Yes No
20. Is due diligence used at all times regarding standard safety practices for type of drilling servicing being performed? Yes No
21. Have you personally inspected risk? Yes No
Would you consider it a desirable risk? Yes No Qualified (Explain in REMARKS)
22. Financial condition and credit rating of insured. Good Poor
- Explain: _____
23. REMARKS

Signature of Agent _____

Date _____