



**Petroleum Business Questionnaire**

Brokerage/Agency Name:

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1. Identify the number and premium of petroleum-related accounts: *(For multiple-operation accounts use main operation)*

|   | <u>GL &amp; Specialty<br/>Premium Volume</u> | <u>Number of Accounts</u> |
|---|--|---------------------------|
| Oil or Gas Exploration - Lease Development / Lease Operator | _____  | _____                     |
| Non-Operating Working Interest                              | _____  | _____                     |
| Servicing Contractors - surface work                        | _____  | _____                     |
| Servicing Contractors – below ground                        | _____  | _____                     |
| Drilling or Work over contractors                           | _____  | _____                     |
| Oil/Gas Pipeline Construction/Operation                     | _____  | _____                     |
| Oil/Gas Transportation – ground                             | _____  | _____                     |
| Oil/Gas Transportation – water                              | _____  | _____                     |
| Oil/Gas Storage   | _____  | _____                     |
| Oil/Gas Refineries  | _____  | _____                     |
| Offshore Operations – Platforms/Servicing                   | _____  | _____                     |
| Transport   | _____  | _____                     |
| Other (Specify):  | _____  | _____                     |
| _____   | _____  | _____                     |

2. Provide the following information for the top 3 carriers used for petroleum coverages.

| <u>Carrier</u> | <u>Direct<br/>Access?</u>                                | <u>Premium Volume</u> | <u>Years<br/>Represented</u> |
|----------------|--|-----------------------|------------------------------|
| _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                 | _____                        |
| _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                 | _____                        |
| _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                 | _____                        |

3. Does the brokerage/agency have binding authority for any petroleum related accounts? .....  Yes  No

4. Does the brokerage/agency have a written and audited procedure for obtaining signature of client which confirms pollution exclusions and unique coverage forms have been explained? .....  Yes  No



5. Does the brokerage/agency place any petroleum business through a broker? .....  Yes  No  
**If Yes**, please complete the following for the top 3 brokers used for petroleum placements:

| <u>Broker/Agency</u> | <u>Premium Volume</u> | <u>Carrier</u> | <u>Years of Petroleum Experience</u> |
|----------------------|-----------------------|----------------|--------------------------------------|
| _____                | _____                 | _____          | _____                                |
| _____                | _____                 | _____          | _____                                |
| _____                | _____                 | _____          | _____                                |

6. List agency staff who handle petroleum related accounts along with experience.

| <b>Name</b> | <b>Yrs. of Petroleum Experience</b>   | <b>Position In Brokerage/Agency</b>   |
|-------------|---|---|
|             | <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+ | <input type="checkbox"/> Owner<br><input type="checkbox"/> Producer<br><input type="checkbox"/> CSR / Support |
|             | <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+ | <input type="checkbox"/> Owner<br><input type="checkbox"/> Producer<br><input type="checkbox"/> CSR / Support |
|             | <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+ | <input type="checkbox"/> Owner<br><input type="checkbox"/> Producer<br><input type="checkbox"/> CSR / Support |
|             | <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+ | <input type="checkbox"/> Owner<br><input type="checkbox"/> Producer<br><input type="checkbox"/> CSR / Support |
|             | <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+ | <input type="checkbox"/> Owner<br><input type="checkbox"/> Producer<br><input type="checkbox"/> CSR / Support |

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Please Print)