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APPLICATION FOR OIL AND GAS CONSULTANTS

1. Applicant (including all subsidiary companies) _____

2. _____
Street Address City State Zip
Phone Fax

3. Specify the date that the Applicant initially commenced operations or was formed or incorporated: _____ mo/yr

4. The Applicant is a: Proprietorship Corporation LLC Individual Other: _____

5. Specify the total numbers of employees including principals:

a. Petroleum Engineers:	_____	e. Draftsmen, Technicians, Inspectors, Surveyors:	_____
b. General Engineers other than above:	_____	f. Clerical and Accounting Employees:	_____
c. Geologists or Hydro geologists:	_____	g. Administrative Management:	_____
d. Field supervisors:	_____	h. Other: Specify _____	_____
		Total number of employees:	_____

6. Specify the approximate percentage of services provided by the Applicant for each of the following categories:
The total must equal 100%

a. Petrochemical Plants	_____ %	d. Over Water	_____ %
b. Oilfield	_____ %	e. Environmental	_____ %
c. Industrial Plants	_____ %	f. Other:	_____ %

7. If the applicant works offshore or over water, please provide full particulars: _____

8. Description of Operations: _____

9. Applicants projected total gross revenue: \$ _____ . _____ % land _____ % over water.

10. SUBLET SERVICES:

- (a) Is the applicant responsible for hiring subcontractors? Yes No
- (b) If the applicant is not responsible for hiring sub contractors, who is? _____
- (c) Are certificates of insurance from subcontractors kept on file? Yes No
- (e) Are all subcontractors hired under written contract? Yes No
- (f) Do sub-contracts contain indemnification provisions in favor of the Applicant? Yes No
- (g) Is the applicant named as additional insured on subcontractor's policies? Yes No
- (h) Does the applicant require a waiver of subrogation endorsement from subcontractors? Yes No
- (i) What is the estimated cost of subcontracted work for the next fiscal year? _____

11. CURRENT INSURANCE COVERAGE:

Commercial General Liability	
None: _____ Occurrence _____ Claims Made _____	
1) Carrier: _____	4) Premium: _____
2) Limit of Liability: _____	5) Expiration Date: _____
3) Deductible: _____	6) Retroactive Date: _____

12. Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant? Yes No. If "Yes," provide full particulars: _____

13. BUSINESS PRACTICES: Does the Applicant sign a standard written contract with its clients? Yes No. If "Yes", please answer the following:

- (a) Does the form contain an indemnification clause? Yes No.
- (b) Is the indemnification mutual? Yes No.
- (c) Does the applicant assume the sole negligence of its clients? Yes No
If "Yes", please provide a copy of the agreement.

14. Is the Applicant aware of any injury sustained by a person or damage occurring to tangible property (including fire or storm damage) having happened on a project during the immediate past five (5) years? Yes No. If "Yes," provide full particulars and indicate if the circumstance has been reported to the Applicant's liability carrier: _____

15. Has a claim (defined for the purpose of this question as a written or oral demand for money, services or the remedying of an alleged defect) ever been made against the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has assumed the liability over the past five (5) years? Yes No. If "Yes," provide full particulars and indicate if the claim has been reported to the aforementioned liability carrier: _____

16. Other than as may have been answered in the foregoing, is the Applicant aware of a circumstance that would cause a person to reasonably infer that a claim could arise therefrom? Yes No. If "Yes," provide full particulars: _____

THE FOLLOWING ATTACHMENTS SHOULD BE INCLUDED

17. Attach a **resume** for each of the Applicant's principals and any other key personnel.

Applicant Signature

Date

Name of Agent: _____