



Petroleum Business Questionnaire

Brokerage/Agency Name:

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

	<u>GL & Specialty 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 Access?</u>	<u>Premium Volume</u>	<u>Years 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.

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

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
 (Please Print)