

**BUSINESS RISK SERVICES CONSULTANT QUESTIONNAIRE**  
**PAGE 1 OF 2**

NAME OF APPLICANT \_\_\_\_\_  
ADDRESS \_\_\_\_\_

1. DESCRIBE YOUR OPERATIONS. IF AVAILABLE, PLEASE ATTACH BROCHURE DESCRIBING YOUR FIRMS SERVICES:

\_\_\_\_\_  
\_\_\_\_\_

2. DOES YOUR FIRM OPERATE OUT OF ANY LOCATION OTHER THAN THE ONE LISTED ABOVE?

\_\_\_\_\_  
\_\_\_\_\_

3. HAVE ANY CLAIMS INVOLVING PROFESSIONAL SERVICES OR EMPLOYMENT PRACTICES BEEN MADE OR LEGAL ACTIONS BEEN BROUGHT IN THE PAST FIVE YEARS? \_\_\_\_\_ YES  
\_\_\_\_\_ NO IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

4. HAS ANY INSURER DECLINED, CANCELLED OR REFUSED TO RENEW ANY TYPE OF PROPERTY, LIABILITY OR SIMILAR COVERAGE FOR YOUR FIRM, A PREDECESSOR FIRM OR ANY OWNER, PARTNER, SHAREHOLDER, PRINCIPAL, OFFICER, DIRECTOR OR EMPLOYEE? \_\_\_\_\_ YES \_\_\_\_\_ NO

5. NUMBER OF YEARS EXPERIENCE AS A CONSULTANT? LIST ANY CERTIFIED TRAINING COURSES, ETC.

\_\_\_\_\_  
\_\_\_\_\_

6. ANY OFFSHORE OR WET OPERATIONS? IF YES, WHAT IS THE PERCENTAGE OF OPERATIONS AND WHO IS RESPONSIBLE FOR TRANSPORTATION TO JOBSITE?

\_\_\_\_\_

7. WHAT IS THE PERCENTAGE OF NON OILFIELD CONSULTANT OPERATIONS?

\_\_\_\_\_

8. LIST OF COMPANIES FOR WHICH YOU OPERATE UNDER CONTRACT OR AGREEMENT?

\_\_\_\_\_  
\_\_\_\_\_

9. IS APPLICANT RESPONSIBLE FOR HIRING/FIRING SUBCONTRACTORS? DOES INSURED EXERCISE ANY CONTROL OVER SUBCONTRACTORS?

\_\_\_\_\_

10. WHICH BEST DESCRIBES YOUR CONSULTING ACTIVITIES:

a. \_\_\_\_\_ As a consultant I contract with well owners to gather information as their agent at the work site as they specify, relay this information to my customer along with recommendations I may make based upon my observations. My customer will then provide me with information and/or instructions to relay to my senior supervisor for subcontractors working on behalf of my customer.

b. \_\_\_\_\_ As a consultant, I contract with well owners to manage and direct oil and/or gas exploration or production projects for them. I use my best judgment to hire necessary subcontract personnel and supervise and/or direct their activities as needed to perform the job. I report progress/results of day-to-day operations to my customer. I have the authority to act in my best judgment, subject to a limitation on costs associated with my activities.

11. DOES INSURED HAVE PROFESSIONAL LIABILITY IN PLACE WITH ANOTHER CARRIER? \_\_\_\_\_

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**PAGE 2 OF 2**

**12. DOES THE INSURED DO ANY CONSULTING WORK INSIDE OR AROUND REFINERIES, PETRO-CHEM PLANTS, GAS PLANTS, OR INDUSTRIAL PLANTS: \_\_\_\_\_YES \_\_\_\_\_NO**

**EMPLOYEE PAYROLL \$ \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_**

**NUMBER OF ACTIVE OWNERS \_\_\_\_\_ GROSS RECEIPTS \$ \_\_\_\_\_**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**