

# Onshore & Offshore Package Policy Questionnaire



WITH YOU ALWAYS

Please complete in capital letters and mark (X) boxes where appropriate. Always use postal code when giving address.

The information supplied will be used to offer advice, assist in the processing of any transaction which results from the advice.

Incorrect answers or failure to disclose all material facts may render the insurance inoperative. Material facts are those which would influence acceptance or assessment of the insurance risk; if you are in doubt, please disclose them or seek advice from your insurance representative or the Company.

## 1. Title of contract/Name of Project ( if project consists of several sections, specify section(s) to be insured)

## 2. Site (give exact details of location & provide maps showing location and number of wells to be drilled/worked-over etc.)

Country \_\_\_\_\_ Province \_\_\_\_\_

District \_\_\_\_\_ City \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

## 3. Principal or Operator who will be responsible for "Control of Well" Insurance

Name \_\_\_\_\_ Address \_\_\_\_\_

Loss Record (5 years) \_\_\_\_\_

Loss of Well Control history known to Principal/Operator for areas in which they are operating \_\_\_\_\_

\_\_\_\_\_

Please attach CVs of key personnel.

## 4. Control of Well Information Required

Please provide full details of wells broken down into the following categories and providing the total TVD (True Vertical Depth), and the total MD (measured depth) and an estimate of the dry hole AFE (Authorization For Expenditure of the cost of drilling the well):

Well Type:

- Exploratory Drilling Wells
- Development Drilling Wells (please define what is categorised as Development drilling)
- Work Overs
- Producing
- Suspended
- Plugged and Abandoned

If Work Over/Producing/ suspended and P & A wells are to be insured please indicate the age of the wells and when they were last "entered".

If Drilling Wells please advise what type:

- Horizontal
- Deviated (greater than 50° from the vertical)
- Multi-lateral
- Other technology (describe) \_\_\_\_\_

Where drilling operations are to be insured, please provide a copy of the proposed well drilling plan for each field

5. Drilling contractor: Please describe its experience in the past and its loss record for the past 5 years

Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Country of Origin \_\_\_\_\_  
 Experience \_\_\_\_\_  
 \_\_\_\_\_  
 Loss record \_\_\_\_\_  
 \_\_\_\_\_

6. Information on land rig to be used

Country of origin \_\_\_\_\_ Make, Model \_\_\_\_\_  
 Age \_\_\_\_\_ Has it be reconditioned  Yes  No  
 If "yes", date and type of technology used \_\_\_\_\_  
 \_\_\_\_\_  
*If more than one rig is planned to be used, please provide information on all rigs on a separate sheet*

7. Information on field / reservoir to be provided for each field separately

Onshore  Shallow-water / marsh  
 Type of well  Gas  Oil  Water  Other \_\_\_\_\_  
 Reserve bottom hole pressure  Low  Medium  High  
 Temperature  Average  High  
 Is any sour gas (H2S) or higher than 'normal' pressures expected to be encountered during operation \_\_\_\_\_  
 \_\_\_\_\_  
 Known shallow gas  No  Yes If yes then what precautions are being taken to deal with it \_\_\_\_\_  
 \_\_\_\_\_  
 Other unusual factors \_\_\_\_\_  
 \_\_\_\_\_

8. Blow-Out Preventer

Will blow-out preventers be used  Yes  No  
 If "yes" confirm that a blow-out preventer of standard make will, in accordance with all regulations, requirements and normal and customary practices in the industry, be set on surface casing or on the wellhead and installed and tested in accordance with usual practice  Yes  No

9. Period of Insurance

Required Policy period. From \_\_\_\_\_ To \_\_\_\_\_  
 Start of drilling / work over \_\_\_\_\_  
 Duration (months) \_\_\_\_\_  
 Is there any delay between drilling and completion  Yes  No. If yes period = \_\_\_\_\_

10. What works will be done by contractors, subcontractors

Four horizontal lines for text entry.

11. Seismic data

Has any seismic data been collected  Yes  No  
If yes is it  2D  3D

12. Nearest river, lake, sea, third party property / people, vegetation, crops, animals, etc.

Four horizontal lines for text entry.

13. Natural Hazards

Have earthquakes been observed in the area  Yes  No  
If so, state intensity \_\_\_\_\_ Magnitude \_\_\_\_\_  
Munich Re Zone if known \_\_\_\_\_  
Flood prone  Yes  No  
Rainy season from \_\_\_\_\_ to \_\_\_\_\_  
Max rainfall (mm or in) \_\_\_\_\_ per hour \_\_\_\_\_ per day \_\_\_\_\_ per month \_\_\_\_\_  
Storm hazard  Minor  Medium  High

14. Availability and proximity of well control companies

Name \_\_\_\_\_ Address \_\_\_\_\_  
Country of Origin \_\_\_\_\_  
Proximity to operation sites \_\_\_\_\_  
Experience \_\_\_\_\_  
Four additional horizontal lines for text entry.

15. Control of well coverage (cost of control, re-drill, and seepage and pollution clean-up)

Combined Single Limit required \_\_\_\_\_

Do you also require coverage for:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (1) Extended re-drilling                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Evacuation expenses                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Underground Blow-out                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Making well(s) safe                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Earthquake                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Property in care, custody and control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Deliberate well firing                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Contingent joint venture              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (9) Removal of wreckage and/or debris     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

16. Is third party liability insurance required

Yes  No

If so what limit of indemnity is required \_\_\_\_\_

What law/jurisdiction required

England & Wales  Other please specify \_\_\_\_\_

Has the drilling contractor and/or subcontractor concluded a separate policy for third party liability

Yes  No

Limit of indemnity \_\_\_\_\_

Previous losses \_\_\_\_\_

17. Is property insurance required

Yes  No

If so, provide details of property ( item, country of origin, replacement value etc)

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

Basis of indemnity  Booked value  New replacement

Deductible  US \$25,000  US \$50,000  US \$100,000  US \$250,000  
Other

Previous losses \_\_\_\_\_

We hereby declare that the statements made by us in the questionnaire and proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this questionnaire and proposal forms is the basis and is part of any policy issued in connection with the above risk. It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not be able to lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Full name of signatory: \_\_\_\_\_

Title of signatory: \_\_\_\_\_

**Declaration:**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer : \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_ Code: \_\_\_\_\_

**Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary : \_\_\_\_\_

**Agent Declaration:**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

**Tata AIG General Insurance Company Limited**

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