



**ROBERTS ARMYTAGE & PARTNERS LTD.
CONTROL OF WELL QUESTIONNAIRE**

1) Name of Insured.....
.....

2) Address of Insured.....
.....

3) Website of Insured.....
.....

4) Number of years in business.....

5) Description of Business Operations:

- Operator
- Non-Operator
- Contract Operator
- Turnkey Operator
- Drilling Contractor
- Other (please state)

6) Proposed Policy Period.....

7) Limits of liability required (100%):

- Control of Well
- Care, Custody & Control

8) Deductible required (100%):

- Control of Well
- Care, Custody & Control

9) Does the Insured intend to cover all their Drilling /Workover wells under this policy?

Yes / No (See attached well schedule)

10) Does the Insured intend to cover all their Producing/Shut-In/Salt Water Disposal wells under this policy?

Yes / No (See attached well schedule)



11) Does the Insured intend to cover all their Temporarily Abandoned/Plugged and Abandoned wells under this policy?

Yes / No (See attached well schedule)

12) Does the Insured intend to cover all their Temporarily Abandoned/Plugged and Abandoned wells under this policy?

Yes / No (See attached well schedule)

13) Five Year Loss Record (insured and uninsured):

Year	Premium	Carrier	Loss Date	Cause	Amount	Retention

****PLEASE HAVE THE ACCOMPANYING WELL/PD SCHEDULES FULLY COMPLETED AND RETURNED (IN EXCEL FORMAT) TOGETHER WITH THE SIGNED AND DATED APPLICATION.****

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THE POLICY IS ISSUED AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF.

Signed:
Insured or Authorized Representative thereof

Date: