



# Burnett & Company, Inc.

## CONTROL OF WELL APPLICATION/PACKAGE

1. **Named Insured:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_  
\_\_\_\_\_

3. **Term of Coverage:** \_\_\_\_\_

4. **Number of Years in Business:** \_\_\_\_\_

5. **Is the Insured an**  Operator,  
 Non-Operator, or  
 Drilling Contractor for 3rd Parties?

6. **Coverage Requested:**

- Control of Well, Redrill, Seepage and Pollution
- Removal of Wreck/Debris
- Care, Custody and Control
- Evacuation Expense
- Contingent Joint Venture Liability
- Deliberate Well Firing
- Underground Blowout
- Making Wells Safe
- Contingent Control of Well for Drilling Contractor
- Other: Describe

7. **Limits Requested:**

Control of Well, Redrill, Seepage and Pollution

Area I \_\_\_\_\_

Area II \_\_\_\_\_

Area IIW \_\_\_\_\_

Area III \_\_\_\_\_

Care, Custody and Control \_\_\_\_\_

Other \_\_\_\_\_

**8. Deductible:**

Area I \_\_\_\_\_

Area II \_\_\_\_\_

Area IIW \_\_\_\_\_

Area III \_\_\_\_\_

Care, Custody and Control \_\_\_\_\_

**9. A. Type of Contracts used in Drilling Program:**

- 1. Daywork
- 2. Footage
- 3. Turnkey "to" completion
- 4. Turnkey "through" completion
- 5. Modified, Explain

**B. Name of drilling contractor and/or contractors:** \_\_\_\_\_

\_\_\_\_\_

**C. If any wells are "horizontal", please provide complete vertical and horizontal depths for each well (see attached well schedule).**

**D. Any drilling wells spud in prior to inception of this policy? If, so please describe. Are they presently covered under another policy?** \_\_\_\_\_

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**10. Any wells within city, towns, boroughs, or un-incorporated communities?**

Yes  No

If yes, please list: \_\_\_\_\_

**11. Does the insured use their own employees to operate property. If not, please explain.** \_\_\_\_\_

**12. Attach complete Drilling and Producing Well Schedule for next 12 months, giving name of well, location, well status, whether insured is operator or non-operator, and percentage interest to be covered for each well. Please include AFE's for any drilling wells as well as projected workover activity and cost. If wells are offshore, please provide the lat and long on each offshore property.]**

**13. Has Control of Well insurance previously been carried?**

Yes  No

If so, with whom? \_\_\_\_\_ \

**14. Please provide details of all blowouts, defense costs incurred and/or incidents for the past five (5) years:**

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**15. Please attach brief background on insured, their experience, management and focus of their operations.**

## Physical Damage

- 1. If coverage desired for platforms, pipelines, oil lease property, etc., please attached a full schedule of items to be insured giving a full description of the property, age, location, if offshore the lat & long, 100% replacement value and the percentage interest to be insured.**
- 2. Please provide details of physical Damage losses for the past five (5) years:**

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Signature of Applicant

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Date

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Signature of Agent

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Date