

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

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.

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 _____

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: _____

AML GUIDELINES

- 1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- 2. I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

“Politically Exposed Persons” shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.”

PAN card number (Mandatory):

--	--	--	--	--	--	--	--	--	--

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.