ONSHORE PROPERTY & COST OF WELL CONTROL INSURANCE QUESTIONNAIRE



| Completion of this questionnaire dose not oblig Coverage will commence only when Oil Rig giv | | | | |
|---|---------------------------------|-----------------------|--------------------------|---------------------------|
| Dun% Bradstreet No | Tax I | .D.No | | |
| Period of Insurance from | to | | | |
| 1. Complete name and current address of Insure | ed: | | | |
| | | | | |
| | | | | |
| Contact / Phone: | | | | |
| | | | | |
| 2. Additional Insureds and their relationship to t | he Primary Assured: | | | |
| | | | | |
| 3. Loss Payees: | | | | |
| | | | | |
| | | | | |
| 4. Describe Insured's business and/or interest w | ith regard to onshore oil and | gas drillingand/or eo | quipment: | |
| | | | | |
| | | | | |
| 5. insured is primarily adrilling con well service contractoror | | | | |
| 6. How long in business? | | | | |
| 7. Have their been any changes in ownership in | the last 3 years? | | | |
| | | | | |
| | | | Current Yea | r |
| 8. Annual Receipts or Sales | | | | |
| 9. Type of contracts and percentage utilized: | | | | |
| Daywork % | Footage | % | Turnkey | % |
| 10. Anticipated fleet utilization for the next twelve | ve months% | | | |
| 11. As respects Land Drilling Rings please provi following:Name | de electronic spreadsheet list | ing eachrig the Insu | red has an ownership int | erest in and indicate the |
| • Manufacturer, Model Name and Serial No. | | | | |
| Drilling Depth Rating | | | | |
| · Age | | | | |
| · Value(100%) | | | | |
| Insured's Interest | | | | |
| • Basis of Value(RCV,ACV,) | | | | |
| \cdot What type of process/opration is rig used f | or? (drilling, workover/ servic | ing). | | |

Is rig truck or trailer mounted?

13. Does Assured move rigs using owned vehicles or are they moved by public carriers?

14. The following are Risk Assessment Issues that need to be addressed as completely as possible for the exposures shown above:

EVIRONMENT

- Areas of Operation, Average and Maximum well depths anticipated, where are rings stored when not in use, what is the security arrangement at storage location?
- · Do rigs operate in existing fields or "wildcat" exploratory fields?
- · Type of wells do be drilled; oil, gas, sour gas, geothermal

EXTERNAL FACTORS

- · Political risk/stability.
- · Offshore/ Wet exposure, if any.

CONSTRUCTION AND CONDITION

LOSS CONTROL MEASURES

- · Integrity of firewater supply (back-up syestem)
- · Gas and fire detection equipment
- Emergency Shut Down valves, location and protection

MANAGMENT

- · Maintenance and inspection of key items
- · Work permit procrdures
- $\cdot \, {\rm QA}$ Procedure and Certification
- · Safety commitment/loss record
- · Emergency/contingency plan
- · Monitoring of subcontractors
- · Experience of Tool Pushers & Supervisors
- · Crew experience and training

15. Limit of Liability (if different from Imsured value)

Per Occurrence

Per Occurrence Per Occurrence

Deductible.

Per Occurrence

| . Has Physical Damage Insurance been purchased previously? | |
|---|---|
| YesNo | |
| Previous carriers: | |
| . Has any Insurer ever canceled or refused to renew coverage? (i | if yes, give details) |
| | |
| | |
| | ysical Damage losses (insured and uninsured) the Insured has suffered in the ross claim, Insured's interest or net claim, current status of claim). |
| | |
| | |
| | |
| . Additional Remarks: | |
| | |
| | |
| | |
| | |
| The person completing t his application on behalf of all persons a contained herein is complete and correct to the knowledge of all | and / or entities for whom coverage is requested affirms that all the informatio persons and / or entities who may be covered. |
| Applicant: | Date: |
| Agent: | Date: |
| Name and address of Agent: | |

The information herein is for the purpose of obtaining a proposal or quotation for insurance from any one of several insurance companies and creates no obligation on the part of the Insured unless proposal or quotation is offered and accepted.

| Onshore Property & Cost Of Well Control Insurance Schedule | | | | | | | |
|--|-----------------------|---------------------|--|--|--|--|--|
| Description (include year manufactured) | Total Insurable Value | Net Insurable Value | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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/intermedia | rv' | Code: |

AML GUIDELINES

- 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): | | | | | | |
|------------------------------|--|--|--|--|--|--|
| | | | | | | |

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:

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