

ENERGY CONSULTANTS QUESTIONNAIRE (v1.0 Released 4.16.2025)



Prospective Insured _____
Mailing Address _____
City, State, Zip Code _____

Proposed Effective Date _____ Target Premium: \$ _____

COVERAGE DESIRED (Check One): **GL ONLY?** **GL & Prof Indemnity?**

GL/PI Losses past 5 years: **NO LOSSES** **LOSS RUNS ATTACHED**

GENERAL LIABILITY/PROFESSIONAL INDEMNITY

PROFESSIONAL DETAILS:

What is your profession? (Select all that apply) Years Experience: _____

- | | | | |
|----------------------------|--------------------------|---|-----------------------|
| Drilling Consultant | Environmental Consultant | Flowback Consultant | Gatekeeper |
| Geophysical/Geoscientist | Health & Safety Services | Landmen | Logistics Consultants |
| Mud men/Mud Loggers | Production Consulting | Perforating/Completion Consultants | |
| Pumpers & Gaugers | Reservoir Engineering | Pipeline Consulting/Inspection/Construction | |
| Royalty Businesses | Seismic Surveys | Testing Consultant | |
| Construction Consultant | Water Consultants | Workover Consultant | |
| Well Completion Consultant | | | |

Annual Revenue: _____ Number of Employees: _____

Deductible Requested? \$2500 \$5000 Primary Limit: \$1m

Do you require an extension for Hired and Non-Owned Auto to your GL? Yes No

Do you want to include umbrella coverage? Yes No

Statement of Fact: (Please note, a YES to any of the below is an automatic decline)

Do you contract on anything other than a knock for knock basis? Yes No

Do you perform any hands-on work or direct manual tasks? Yes No

Have you or do you plan to undertake or engage in any offshore work or activities? Yes No

Do you undertake or perform any work, render services or engage in activities that do not solely relate to the oil and gas industry? Yes No

Will you be undertaking or engaging in any work, services, or activities outside the USA? Yes No

Do you subcontract work to others? Yes No

PROFESSIONAL INDEMNITY ONLY

Has the applicant maintained continuous Professional Indemnity Coverage? Yes No

Start date for PI continuous coverage: _____

Agency/Branch Location _____ Agency Contact _____

Agency Contact Phone _____ Email: _____

To obtain an indication, please submit the completed form and any pertinent risk or underwriting information to:
submissions@GEUInsurance.com.