

Energy Consultants Form

Protect your consultancy business with OPAL Energy Consultants Package – the insurance solution for onshore oil and gas consultants. Designed for site-specific needs, this policy provides general, professional, and optional umbrella coverage. Essential for consultants needing on-site proof of insurance and diverse compliance capabilities.

Details

Type of cover		Inception Date		Expiry Date	
Named Insured					
Street name and number				ZIP Code	
Taura / Oib	Chata		Country		
Town / City	State		Country United Sta	tos	
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What is your profession? (Tick all that apply)					
Construction Consultants Healt	n and Safety Services	Pipeline Consulting / Inspection / Construction		Seismic Surveys	
Drilling Consultant Land	men	Production Consulting		Testing Consultant	
Environmental Consultant Logis	tics Consultant	Pumpers and Gaugers		Water Consultants	
Flowback Consultant Mud	Men / Mud Loggers	Reservoir Engineering		Well Completion Consultant	
	rating / Completion ultants	Royalty Business		Workover Consultant	
Geophysical/Geoscientist					
Relevant Years of Experience	What is the annual revenue? Number		Number of	Employees	
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Have you had any Claims or Circumstances in the past 5 years?		Deductible Required			
Yes No					
Primary Limit Required Do you require an ext		tension for Hired and N	Ion-Owned	Auto to your GL	
\$1,000,000 Yes No					
If yes - You agree there will be no more than 10 instances Non-Owned Auto use and no more than 20 Hired Auto Instances during this policy period.					
Yes No					

Coverage

Do you want to include Umbrella Coverage?	If Yes – What is the Umbrella limit you require?				
Yes No					
Do you require Owned Auto Coverage? Yes No	If Yes - Do you have and will you maintain a minimum of \$1,000,000 (each and every) auto primary Coverage				
Yes No	Yes No				
How many automobiles do you have in your fleet?	Do you require an extension for Hired and Non-Owned Auto in the Umbrella?				
	Yes No				
Do you require Employers Liability Cover in the Umbrella? Yes No	If Yes - Do you have and will you maintain a minimum of \$1,000,000 (each and every) Employers Liability primary Coverage?				
Yes No	Yes No				
Statement of Fact					
Do you contract on anything other than a knock for knock ba	asis?				
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					
Proposers Name	Job Title				
Date	Signature				
I confirm that all information entered is correct to the be circumstances that could lead to a claim	est of my knowledge and that there are no known or reported				

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