



**Patriot National  
Underwriters, Inc.**

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**DRILLING CONTRACTOR SUPPLEMENT**

Name of Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Address: \_\_\_\_\_

<u>Make, Model and/or Rig Type</u>	<u>Depth</u>	<u>Maximum Drilling Age of Rig</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Types of contracts used: Turnkey \_\_\_\_\_ IDAC Daywork \_\_\_\_\_ IADC Footage \_\_\_\_\_  
API Daywork \_\_\_\_\_ API Footage \_\_\_\_\_

Have you been or do you plan on being involved in:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Known High Pressure Areas                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Known Sour Gas Areas                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leasing or Renting Your Rigs to Others                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Horizontal Drilling                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Slant Drilling  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vertical Drilling                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drilling Over Water                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drilling Within City Limits                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drilling in Railroad Right of Ways                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Installation or Removal of Casing                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Removal of Casing                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Erection or Dismantling of Derricks Other Than Your Own | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Refer to operations list and explain other operations you are involved in besides drilling: \_\_\_\_\_

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**THE APPLICANT DECLARES** that to the best of their knowledge the information contained in the application is true and that no material facts have been suppressed or misstated.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Any person who knowingly any with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.**