

Wireline Logging Tool Insurance Program Summary

This document provides a summary of the key features, terms, and conditions of the Wireline Logging Tool Insurance Program. Please note that this summary is intended for informational purposes only and does not represent the full scope of policy terms. All coverage is subject to the complete insurance policy and applicable endorsements.

1. APPLYING FOR COVERAGE

- A completed Equipment Coverage Application and a well profile/schematic must be submitted for each well to be logged.
- Coverage applications are submitted on a per-well basis; however, multiple wells may be included within a single application if they share similar well plans and logging tool strings.
- All applications are subject to underwriter approval, which must be obtained prior to tools being deployed in the well. Coverage is not effective until formal confirmation is issued.

2. COVERAGE LIMITS

- The maximum limit of insurance coverage available under this program is USD \$1,000,000.

3. DEDUCTIBLE

- The deductible is 10% of the insured loss, subject to a minimum deductible of \$10,000.
- Damage to the insured tools incurred as a result of any salvage, fishing or jarring operations, which may be performed to retrieve insured property which has become stuck, lost, or damaged downhole, will be subject to a 50% deductible with a \$50,000 minimum.

4. PREMIUM CHARGES

Wireline Logging Tools:

- o Charged per logging run for each run made in the well

Fishing Cost Coverage (optional - Oil & Gas operators only):

- o Available limits of \$25,000, \$50,000, \$75,000 or \$100,000
- o Charged per well on the application

5. CLAIMS

- The insured must notify the underwriter via email within 30 days of the date of loss.
- In the event of stuck or lost tools, a reasonable attempt must be made to recover the equipment from the well bore by jarring/fishing or other means available to the operator.
- Upon filing a claim, coverage for that well ceases. Any subsequent operations (e.g., sidetrack or re-entry) will require a new application and approval for coverage.

1. NAMED INSURED

Company Name		Address	
City	State / Province	Zip	Phone
Country	Contact First Name	Contact Last Name	
United States			
Contact Email	What Industry Is the Project In?	The Named Insured Is the:	
		☐ Operator ☐ Wireline Contractor	

2. WIRELINE CONTRACTOR

Contractor Name	State / Province	Country
		United States
How Many Losses by the Wireline Contractor Within the Last Two Years?		
List Any Downhole Tool Losses by the Wireline Contractor Within the Last Two Years. Please Provide Details.		

3. OPERATOR

Operator Name	State / Province	Country
		United States
Is This Well Insured Under the Operator's Control of Well Policy?		
☐ Yes ☐ No ☐ Unknown		
How Many Wells Drilled in This Field by the Operator?	How Many Losses by the Operator Within the Last Two Years?	
List Any Downhole Tool Losses by the Operator Within the Last Two Years. Please Provide Details.		

4. FIELD LOCATION

Field Name

Nearest Town

County

State / Province

Country

United States

5. WELL INFORMATION

Sticking Issues in This Well?

☐ Yes ☐ No ☐ Unknown

Tool Losses in This Well?

☐ Yes ☐ No ☐ Unknown

What is the Unit of Measurement?

☐ Imperial (US) ☐ Metric

6. LOGGING INFORMATION

Will Logging Be in Open Hole or Cased Hole?

☐ Open Hole ☐ Cased Hole

Max Bottom Hole Temperature

Max Bottom Hole Pressure

Casing Depth at Time of Logging (MD)

Tool String Length

How Many Logging Runs Will Be Made in This Well?

How Are Logging Tools Deployed?

☐ Gravity ☐ Rollers ☐ Drill Pipe ☐ Tractor

7. FISHING COVERAGE *Available only to operators in the Oil & Gas industry.*

Do You Want Coverage for Fishing Costs?

☐ Yes ☐ No

Select Fishing Cost Limit (required if Yes)

8. WELL SCHEDULE

In order to list multiple wells on this application, all wells must meet the following criteria: (1) similar well plan (casing, angle, mud); (2) logging the same target formation; (3) using the same logging tool string and values.

#	Well Name	Date Tools First Go Downhole	Max Angle	TVD	TMD	KOP	HZ Displ.
1							
2							
3							
4							
5							
6							
7							

9. EQUIPMENT SCHEDULE

Enter the logging tools that make up each tool string, listed separately for each logging run.

Run #	# of Items	Item Description	100% Replacement Cost Value	Coverage Limit Requested

10. CERTIFICATION & SIGNATURE

By signing this application, I hereby verify that the data provided in the application is true and accurate.

Signature

Printed Name

Digital Signature

Date Application Completed