

JAN 27 2015

Name of Insured:	Date Issued:
Address of Insured:	
Description of Operations:	

ORION shall mean Orion Drilling Company, LLC; Orion Drilling Great Lakes, LLC; and its subsidiaries and/or affiliates.

Commercial General Liability	YES	NO
Please list the Insured's General Liability policy form number and edition date below: <input type="text"/>		
Does the insurer have an A.M. Best Rating of at least A- VII?	<input type="checkbox"/>	<input type="checkbox"/>
Does the policy include a waiver of subrogation in favor of ORION?	<input type="checkbox"/>	<input type="checkbox"/>
Does the policy include ORION as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
Please list the appropriate Additional Insured form number, including edition date, below and attach a copy of the form(s): Ongoing Operations <input type="text"/> Completed Operations <input type="text"/>		
	YES	NO
Does the policy state that, "This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy," if "agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured," or does the policy or an endorsement contain similar wording? If so, please provide a copy of applicable language.	<input type="checkbox"/>	<input type="checkbox"/>
Does the definition of "insured contract" contain the words or phrase "caused in whole or in part by" or "sole negligence"? (If yes, attach the policy definition clearly highlighting or referencing the applicable language)	<input type="checkbox"/>	<input type="checkbox"/>
Is there a total pollution exclusion within the policy?	<input type="checkbox"/>	<input type="checkbox"/>
Has pollution coverage been added by endorsement? If yes, please a copy of the endorsement	<input type="checkbox"/>	<input type="checkbox"/>
Is there a pollution sublimit within the policy/endorsement?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, what is the Sublimit?	\$	
Are any of the following excluded from the policy?	YES	NO
Independent Contractors	<input type="checkbox"/>	<input type="checkbox"/>
Punitive Damages (Other than Terrorism)	<input type="checkbox"/>	<input type="checkbox"/>
Third Party Action Over	<input type="checkbox"/>	<input type="checkbox"/>
Blowout/Cratering	<input type="checkbox"/>	<input type="checkbox"/>
Explosion	<input type="checkbox"/>	<input type="checkbox"/>
Collapse	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	<input type="checkbox"/>
Auto Liability	YES	NO
Does the insurer have an A.M. Best Rating of at least A- VII?	<input type="checkbox"/>	<input type="checkbox"/>
Does the policy include a waiver of subrogation in favor of ORION?	<input type="checkbox"/>	<input type="checkbox"/>
Does the policy state that, "This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy," if "agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured," or does the policy or an endorsement contain similar wording? If so, please provide a copy of applicable language.	<input type="checkbox"/>	<input type="checkbox"/>
Does the policy include ORION as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
Does the policy include broadened pollution liability coverage or is it covered on a separate pollution policy? If either is YES, please attach a copy of the form.	<input type="checkbox"/>	<input type="checkbox"/>
Excess/Umbrella Liability	YES	NO
Does the insurer have an A.M. Best Rating of at least A- VII?	<input type="checkbox"/>	<input type="checkbox"/>
Does the policy include a waiver of subrogation in favor of ORION?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the following policies scheduled as underlying insurance on the Excess or Umbrella policy? If YES, please provide a copy of the policy for review.	YES	NO
Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employers Liability	<input type="checkbox"/>	<input type="checkbox"/>
Pollution Liability (if provided by a separate policy or included or endorsed on the underlying General Liability Policy)	<input type="checkbox"/>	<input type="checkbox"/>

ORION[®]

DRILLING COMPANY

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Workers Compensation		YES	NO
Does the insurer have an A.M. Best Rating of at least A- VII?		<input type="checkbox"/>	<input type="checkbox"/>
Does the policy include a waiver of subrogation in favor of ORION?		<input type="checkbox"/>	<input type="checkbox"/>
Does Part 3 provide coverage for "Other States" (other than monopolistic states) or list specific states? If specific states are listed, please attach declaration page.		<input type="checkbox"/>	<input type="checkbox"/>
Does the policy include an Alternate Employer Endorsement in favor of ORION? If YES, please attach.		<input type="checkbox"/>	<input type="checkbox"/>
<i>This form is for informational purposes only. It does not confer any rights or obligations other than the rights and obligations conveyed by the policies referenced on the form. The information contained herein accurately represents the insured's coverage under said policies to the best of my knowledge.</i>	X		

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JAN 27 2015