



PIPELINE OPERATOR SUPPLEMENTAL

NAMED INSURED: _____

NAME OF SYSTEM: _____

LOCATION: _____

Any work in PA, WV or NY? Yes % No
Are you working in any shale play areas? Yes % No

TYPE: PIPELINE TRANSMISSION LINE GATHERING LINE

What does the pipe transport : OIL GAS

LENGTH: Above Ground: _____ Below Ground: _____

DIAMETER: _____ AGE: _____
% _____ Poly % Steel _____

Maximum allowable design pressure: _____ Maxium Operating Pressure: _____

OF Compressor Stations: _____

DOES PIPELINE PURCHASE NATURAL GAS? YES NO

DOES PIPELINE TRANSPORT GAS FOR OTHERS? YES NO

DOES THE PIPELINE SERVICE ANY END USER? YES NO

IF YES, PROVIDE DETAILS:

DOES THE PIPELINE GO THROUGH POPULATED AREAS?: YES NO

IF YES, PROVIDE DETAILS:

DOES THE PIPELINE CROSS ANY: ROADS RAILWAYS WATERWAYS

IF YES, PROVIDE DETAILS:

Is pipeline inspected on a regular basis?: YES NO

How often: _____ Date of last inspection: _____

Annual leakage rate: _____ Is a copy available: YES NO

Who conducts surveys? _____

What instruments are used? _____

Is there a formal Maintenance program: YES NO

Is the System mapped?: YES NO

Is the System marked and posted with signs?: YES NO

The pipeline has a total of _____ employees, divided as follows:

Estimated Annual Payroll

Superintendents and Managers _____

Engineers _____

Maintenance _____

Clerical _____

Does insured employees perform any of the following:

Pipeline maintenance work: YES NO

Welding YES NO:

If yes – repairs on existing pipe YES NO New Construction YES NO

Are employees certified welders? YES NO

If not – is all maintenance work subbed out: YES NO

Corrosion Control:

Is system cathodically protected? YES NO

Who is responsible for carrying out corrosion control? _____

Type system installed _____

Has the prospect a written operating and maintenance plan? _____

Has the prospect a formal Safety program? _____

Has the prospect a written emergency plan? _____

If yes Employee emergency response training

Liaison with public officials

Education programs for customers and general public

Other company operations:

Exploration & Development _____

Natural Gas Producer _____

Distribution System _____

Gathering Facilities _____

Storage Facilities _____

NON-OPERATOR -IF THE INSURED DOES NOT OPERATE THE SYSTEM:

THE OPERATOR CARRIES CGL COVERAGE NAMING INSURED AS AI & WOS

CERTIFICATE OF INSURANCE IS PROVIDED TO THE INSURED

LIMIT REQUIRED OF OPERATOR IS \$1,000,000 OR HIGHER

GENERAL INFORMATION

YES NO

GENERAL INFORMATION	YES	NO
Do any operations include blasting, storing or transporting explosive material? If yes, give details.		
Do any operations include excavation, tunneling, underground work or earth movement?		
Any work above 2 stories?		
Any use of cranes? If yes, explain		
Any Work subbed? If yes, describe : Cost: _____		
Do you require a Master Service Agreement to be completed and on file prior to work starting?		
Do subs provide certificates of ins with equal or greater limits?		
Is the insured named as Additional Insured ?		
Is insured held harmless?		
Is all equipment maintained in good condition?		
Does the insured lease employees from others?		
Is there any work from boats, docks, barges or rigs?		
Any equipment loaned, rented or leased to others?		
Any exposure to high voltage or major electrical panels?		
Is there a written safety program in place? Who administers?		
Is there a Safety Director?		
Is there an employee training program?		
Are regular safety meetings held? How often? _____		
Does the insured follow OSHA standards for promoting a safe workplace?		
Does the insured purchase WC coverage?		
Does Insured lease any employees?		

EMPLOYEE BENEFITS

Does the insured require a signed acceptance or rejection from each employee on programs permitting employees an option to enroll or not to enroll?		
Is a written explanation of all benefits provided to each employee?		
Is the administration of Insured's Employee Benefits Program assigned to a specific person or unit and centralized in one location?		
Does the insured have knowledge of a past or current occurrence which might result in a claim		
Has any Error or Omission loss or claim ever been sustained or is there any pending claim against the insured?		

AUTO INFORMATION

YES NO

Do you perform Pre-employment drug testing?		
Are MVR's obtained? If yes – how often?		
CDL required?		
Do you have formal hiring practices?		
Do you have formal written driver and fleet safety programs?		
Do you perform accident reviews? Who performs the review?		
Does the company allow personal use of company vehicles?		
Is there a written policy regarding personal use?		
If the policy is in writing, is it signed by each driver?		
Is personal use limited to an assigned driver?		
Are employee's family members allowed to use company vehicles?		
Is there a scheduled vehicle maintenance program? If yes, are records maintained for each unit?		
Are regularly scheduled safety inspections performed?		
Are results of inspections recorded and maintained?		
Are pre-trip safety inspections performed?		
Do you have a cell phone use policy? <input type="checkbox"/> Hands free <input type="checkbox"/> No use while driving <input type="checkbox"/> Pull over to talk		
Indicate the % of operations within the majority of the time: 1-50 miles _____ 50-100 miles _____ 100-200 miles _____ 200+ _____		
Do you haul any Red label or EPA poisonous substances (Hazard III or IV)		
Do you require MCS90 filing		
Do you transport property of others?		
Do you haul for hire?		
Do you have any Hot Shot delivery?		

Please include current MVRs on all drivers

Declaration and Signature

I have read the above application. I declare that to the best of my knowledge and belief the statements and information in this application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature of 1st Named Insured

Title

Date

Producers Signature

Date