



# 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 exisiting 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 1<sup>st</sup> Named Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producers Signature

\_\_\_\_\_  
Date