



**PIPELINE OPERATOR SUPPLEMENTAL APPLICATION**  
**COMPLETE IN ADDITION TO ACORD APPLICATIONS.**  
**ATTACH ADDITIONAL SHEETS AS NECESSARY.**  
**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

**GENERAL INFORMATION**

1)

Named Insured:	
Project Name:	
Brokerage/Broker:	Broker Email:
Agency/Agent:	Agent Email:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:
Effective Date:	Website:

2) Current Carrier Information:

Carrier:
Limit of Insurance:
Deductible:
Premium:
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) A description of operations, brochures, or marketing materials if a website is not available

3) Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4) Your premise address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5) Audit/Inspection contact: \_\_\_\_\_  
a. Phone number: \_\_\_\_\_  
b. Email: \_\_\_\_\_

6) If any subsidiary or operations are to be specifically excluded from coverage, please indicate:  
a. Are these entities or services covered elsewhere? Yes  No

7) If you have operated under a different business name in the last ten years, please list:  
\_\_\_\_\_

8) What year did you begin operations? \_\_\_\_\_

9) What state(s) or areas are you operating in?  
\_\_\_\_\_

10) History and Projections:

	<b>Estimated Upcoming Year</b>	<b>Current Year</b>	<b>Prior Year</b>
Gross Annual Receipts			
Employee Payroll			
Cost of Subcontracted Work			
Number of Employees			

**OPERATIONS**

11) Are you an operator or non-operator of the pipeline? \_\_\_\_\_

12) What product is transported via the pipeline? \_\_\_\_\_

a. If gas is being transported, is it odorized? Yes  No

b. If yes to a., who is responsible for odorizing the gas? \_\_\_\_\_

13) When was the pipeline constructed? \_\_\_\_\_

14) What is the length of the pipeline? \_\_\_\_\_

15) What is the maximum diameter of the pipeline? \_\_\_\_\_

16) What is the maximum PSI of the pipeline? \_\_\_\_\_

17) What is the normal operational PSI of the pipeline? \_\_\_\_\_

18) Of what material is the pipeline construction? \_\_\_\_\_

a. Is the pipeline cathodically protected? Yes  No

b. If yes to a., how much of the line is protected? \_\_\_\_\_

c. Is the pipeline coated? Yes  No

d. If yes to c., how much of the pipeline is coated? \_\_\_\_\_

19) What percentage of the pipeline is above ground? \_\_\_\_\_%

20) What percentage of the pipeline is below ground? \_\_\_\_\_%

a. How deep is pipeline buried? \_\_\_\_\_

21) How often is the pipeline inspected or walked? \_\_\_\_\_

a. Please attach a copy of your written inspection procedures.

b. Do you use in-line inspections? Yes  No

c. If yes, when was the last in-line inspection done? \_\_\_\_\_

d. How frequently are in-line inspections done? \_\_\_\_\_

22) What leak detection methods do you use? \_\_\_\_\_

a. If you are using Unmanned Aerial Systems (UAS/Drones), who pilots the units? \_\_\_\_\_

b. If UAS are piloted by your employees, how many do you have? \_\_\_\_\_

c. Are all UAS registered with the FAA? Yes  No

d. Are UAS used for any purpose other than inspections? Yes  No

e. If yes to d., please clarify:

23) What is the annual leakage rate of the pipeline? \_\_\_\_\_%

- 24) Do you monitor the pipeline for corrosion and degradation? Yes  No
- a. How do you address corrosion and degradation?
- 
- b. Please attach a copy of your replacement and maintenance program.
- 25) What permits, filings, licenses, etc. do you make with governmental bodies (DOT, DOE, Railroad Commission, state or local agencies, etc.)?
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- 26) Does the pipeline cross any rivers, creeks, railroad lines, or roads? Yes  No
- a. If yes, please attach details about these crossings.
- 27) Does the pipeline cross or run near adjacent to any residential areas, schools, Native American reservations, or protected lands (wetlands, nature preserves, parks, etc.)? Yes  No
- a. If yes, please attach details about these exposures.
- 28) Do you have a formal safety program in place? Yes  No
- a. Do you have an agreement with an emergency response provider in place? Yes  No
- b. Please attach copies of your safety program and emergency response procedures.

## SUBCONTRACTORS

- 29) What percentage of work is subcontracted out? \_\_\_\_\_%
- 30) If you are hiring subcontractors, please clarify the following:
- a. Do you usually hire the same subcontractors? Yes  No
- b. Are subcontractors always insured? Yes  No
- + If yes, what General Liability limits do you require subs to carry? \_\_\_\_\_
- + Do you confirm if these subs carry Workers Compensation insurance? Yes  No
- c. Do you obtain certificates of insurance from all subcontractors? Yes  No
- d. Are you named as an Additional Insured on all subcontractors' policies? Yes  No
- e. Do you have a written contract with your subcontractors? Yes  No
- f. Do all contracts contain a Hold Harmless clause in your favor? Yes  No
- g. Do you use any leased employees? Yes  No
- + If yes, are you responsible for providing Worker's Comp for these employees? Yes  No
- h. Do you carry Worker's Compensation insurance? Yes  No

## LOSS HISTORY

- 31) Have you ever had an incident subject to an investigation by the National Transportation Safety Board (NTSB)? **If yes, please attach a copy of the report.** Yes  No
- 32) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes  No

33) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? **If yes, please attach an explanation including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed.** Yes  No

34) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages accidents, (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction work injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? **If yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.** Yes  No

#### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_