

OIL & GAS PIPELINE CONSTRUCTION CONTRACTORS

SUPPLEMENTAL APPLICATION (COMPLETED WITH ACCORD APPLICATIONS)

NAME OF INSURED: _____

CONTRACTORS LICENSE #: _____

WEBSITE (IF APPLICABLE): _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. EXPLAIN THE TYPE OF PIPELINES INSTALLED: _____
2. WHAT IS THE MAXIMUM SIZE OF THE PIPELINES CONSTRUCTED: _____
3. WHAT IS THE MAXIMUM PSI: _____. WHO CHECKS THE PIPELINE AFTER CONSTRUCTION IS COMPLETED: _____. HOW IS THE TESTING FOR LEAKS PERFORMED: _____.
4. ARE THERE ANY WELDERS EMPLOYED BY INSURED: _____. HOW MANY ARE EMPLOYED: _____. ARE THEY REQUIRED TO BE CERTIFIED: _____. CAN YOU PROVIDE COPIES OF THEIR CERTIFICATION FOR OUR FILES?
5. IS THE PIPELINE CONSTRUCTED STEEL OR PLASTIC: _____. IF BOTH, PLEASE PROVIDE A PERCENTAGE BETWEEN THEM: _____.
6. DOES THE INSURED USE A FUSION MACHINE IN THEIR OPERATIONS: _____.
7. DOES THE INSURED USE A CRANE IN ANY OF THEIR PIPELINE CONSTRUCTION: _____. IF SO, PLEASE PROVIDE THE BOOM SIZE AND NUMBER OF CRANES USED: _____.
8. DOES THE INSURED CONSTRUCT AND CROSS COUNTRY LINES: _____
9. DOES THE INSURED USE ANY INDEPENDENT CONTRACTORS: _____. IF SO, WHAT IS THE ANNUAL COST: _____. DOES THE INSURED HAVE SUBCONTRACTORS NAME THEM AS ADDITIONAL INSURED ON THE SUBS CGL POLICY AND GET A HOLD HARMLESS AGREEMENT: _____. WHAT LIMIT OF LIABILITY ARE THE SUBS REQUIRED TO CARRY: _____.
10. LIST ALL OF THE EQUIPMENT THE INSURED OWNS AND OPERATES IN HIS DAILY OPERATIONS: _____.
11. IS THERE A SAFETY MANUAL USED BY THE INSURED; _____. LIST THE TYPE OF SAFETY PROGRAMS IN PLACE: _____
DOES THE INSURED EMPLOY A SAFETY DIRECTOR: _____. IF SO, PLEASE PROVIDE THE SAFETY DIRECTORS NAME AND PHONE NUMBER: _____.
12. WHAT IS THE TOTAL NUMBER OF EMPLOYEES: _____.
13. WHAT IS THE TOTAL AMOUNT OF PAYROLL: _____.
14. WHAT IS THE TOTAL ANNUAL GROSS RECEIPTS: _____.
15. HOW MANY YEARS OF EXPERIENCE DOES EACH FOREMAN HAVE: _____.
16. LIST ANY OSHA VIOLATIONS THE INSURED HAS RECEIVED OVER THE PAST 5 YEARS: _____.
17. DOES THE INSURED CONSTRUCT ANY LINES THAT RUN THROUGH RIVERS, STREAMS, ROADWAYS, OR RAILROADS: _____. IF YES, EXPLAIN WHAT TYPE OF SPECIAL PRECAUTIONS ARE TAKEN WITH THESE TYPE OF OPERATIONS: _____

18. ANY WORK DONE INSIDE CITY LIMITS OR URBAN AREAS. IF SO PLEASE EXPLAIN:

19. LIST ANY OTHER PERTINENT INFORMATION WHICH MIGHT BE USEFUL IN GETTING A VIEW OF HOW THE INSURED CONDUCTS HIS OPERATIONS:

