

International Application Pipeline Supplement

Applicant Information

Named Insured: _____

Wholesale Broker Information

Brokerage Name: Cover Agency, Ltd
179-14 Union Turnpike
Flushing, NY 11366 USA

Complete if Insured Operates or Performs Work on Pipeline

	Pipeline 1	Pipeline 2	Pipeline 3	Pipeline 4
Name:				
Age:				
Location:				
Proximity to Bodies of Water:				
Proximity to Populated Areas:				
Content Transported:				
Annual Throughput:				
Automatic Leak Detection?				
Automatic Valve Shutoff? (SCADA)				
# Emergency Shutoff Valves:				
Emergency Valve Placement:				
Leakage Rate:				
Unaccounted For Gas:				
Type of Use:				
Total Length:				
At Grade Length:				
Underground Length:				
Schedule Available for Replacement of Older Pipe?				

Check here to indicate you are providing as separate attachment formal maintenance plan(s), including frequency of right of way visual inspections and procedures in place for maintaining pipeline integrity.

Describe Security Measures in Place to Protect Pipeline(s)

or check here to indicate you are providing as separate attachment.

Subcontracting Information

Does Insured Subcontract to Others Work Associated with Pipelines? Yes No

If yes, Describe

or check here to indicate you are providing as separate attachment

Describe Criteria to Qualify Subcontractors That Perform Work on Pipeline:

or check here to indicate you are providing as separate attachment. Include experience/qualifications, insurance limits; if hold harmless agreements are in place favoring pipeline owner, if Insured is listed as Additional Insured on subcontractor's policy

Does Insured Use Master Service Agreement (MSA)? Usually Seldom Never

If Usually or Seldom, check here to indicate you are providing a sample agreement as separate attachment

Do Insured's Master Service Agreement or Service Contracts Contain the Following Terms:

Minimum required limit \$1Million USD? Yes No

Mutual Indemnity? Yes No

Subcontractor Required to Include Insured as Additional Insured? Yes No

Subcontractor Required to Provide Waivers of Subrogation? Yes No

Complete If Other Company(s) has financial interest in Pipeline

Are there Partners Other than Insured? Yes No

If Yes, Complete Information Below, or check here to indicate you are providing the schedule of pipelines as separate attachment. Indicate corresponding % interest. and which partners will be included as Named Insured.

Pipeline Location	Partner Name	% Interest	Include as Named Insured

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative: _____

Signature of Producer: _____

Date: _____

Date: _____