

# 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)

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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

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or check here  to indicate you are providing as separate attachment

**Describe Criteria to Qualify Subcontractors That Perform Work on Pipeline:**

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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: \_\_\_\_\_