

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