



# **CONTRACTOR SUPPLEMENTAL- PIPELINE CONSTRUCTION**

NAMED INSURED: \_\_\_\_\_

State where insured operates: \_\_\_\_\_

**COMPLETE DESCRIPTION OF OPERATIONS/COMMENTS:**

NUMBER OF YRS IN BUSINESS: \_\_\_\_\_ NUMBER OF YRS EXPERIENCE: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

**5 YRS OF GROSS RECEIPTS / PAYROLL HISTORY:**

CURRENT YR:	GR: _____	PYRL: _____
1 <sup>ST</sup> PRIOR YR:	GR: _____	PYRL: _____
2 <sup>ND</sup> PRIOR YR:	GR: _____	PYRL: _____
3 <sup>RD</sup> PRIOR YR:	GR: _____	PYRL: _____
4 <sup>TH</sup> PRIOR YR:	GR: _____	PYRL: _____

**PIPELINE CONSTRUCTION** – have you been or do you plan to be involved in:

Oil % \_\_\_\_\_  Gas % \_\_\_\_\_ Max Size of pipe \_\_\_\_\_ Max depth \_\_\_\_\_

New % \_\_\_\_\_  Repair % \_\_\_\_\_

Gathering Lines \_\_\_\_\_%  Transmission \_\_\_\_\_%  Cross Country Pipelines \_\_\_\_\_%  OTHER \_\_\_\_\_

Is majority of work: Below ground  \_\_\_\_\_% Above ground  \_\_\_\_\_%

Is majority of work done on lease sites:  Yes  No Within Right of Ways:  Yes  No

Any trenching deeper than 4'  Yes % \_\_\_\_\_  No

If yes – are written emergency procedures in place?  Yes  No

Provide details:

Is insured responsible for locating existing pipelines prior to digging?  Yes  No

If not – who is: \_\_\_\_\_

If yes – is a one-call service used?  Yes  No

Are written records kept?  Yes  No

What controls are in place to help limit leaks or pollution type incidents:

Any work outside the oilfield?  Yes % \_\_\_\_\_  No

Work inside Petrochemical or Refineries  Yes % \_\_\_\_\_  No

Gas Mains or Utility work  Yes % \_\_\_\_\_  No

Residential  \_\_\_\_\_% Commercial  \_\_\_\_\_%

Any tunneling or boring under roads?  Yes % \_\_\_\_\_  No

Hot Taps or hookups  Yes % \_\_\_\_\_  No

Do you use pipe laying machines  Yes  No

Do you use cranes? \_\_\_\_\_ Own \_\_\_\_\_ Rent  Yes  No

Size of boom: \_\_\_\_\_

**OTHER**

General Lease Work – lease beautification	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Pipeline Maintenance work	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Process Piping	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Boiler Work	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Painting/Sandblasting	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Welding	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
In plants or refineries?	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Are all welders certified?	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Any welding in refineries or plants	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Any welding on gas or oil tanks ?	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Do welders wear protective/fire proof clothing?	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
_____		

Any work in PA, WV or NY?	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No
Are you working in any shale play areas?	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No

**GENERAL INFORMATION**

**YES NO**

Do any operations include blasting, storing or transporting explosive material? If yes, give details.		
Do any operations include excavation, tunneling, underground work or earth movement?		
Any work above 2 stories?		
Any use of cranes? If yes, explain		
Any Work SUBBED: If yes, describe : Cost: _____		
Do you require a MASTER SERVICE AGREEMENT to be completed and on file prior to work starting?		
Do subs provide certificates of ins with equal or greater limits?		
Is the insured named as Additional Insured?		
Is insured held harmless?		
Is all equipment maintained in good condition?		
Does the insured lease employees from others?		
Is there any work from boats, docks, barges or rigs?		
Any equipment loaned, rented or leased to others?		
Any exposure to high voltage or major electrical panels?		
Is there a FORMAL WRITTEN SAFETY & TRAINING PROGRAM in place?		
Is there a Formal Safety Director? If not – who administers:		
Are regular safety meetings held? How often? _____		
Does the insured follow OSHA standards for promoting a safe workplace?		
Do Safety Meetings address use of equipment at wellsites?		
Do all employees receive training regarding duties in the event of a pollution incident?		
Do you perform Pre-employment drug testing?		
Do you perform Random and post accident drug testing?		
Are physical exams done pre-hire?		
Are criminal background checks done pre-hire?		

## EMPLOYEE BENEFITS

Does the insured require a signed acceptance or rejection from each employee on programs permitting employees an option to enroll or not to enroll?		
Is a written explanation of all benefits provided to each employee?		
Is the administration of Insured's Employee Benefits Program assigned to a specific person or unit and centralized in one location?		
Does the insured have knowledge of a past or current occurrence which might result in a claim		
Has any Error or Omission loss or claim ever been sustained or is there any pending claim against the insured?		

## AUTO INFORMATION

YES NO

Are MVR's obtained? If yes – how often?		
CDL required?		
Do you have formal hiring practices?		
Do you have formal written driver and fleet safety programs?		
Do you perform accident reviews? Who performs the review?		
Does the company allow personal use of company vehicles?		
Is there a written policy regarding personal use?		
Are employees allowed to take vehicles home overnight?		
If the policy is in writing, is it signed by each driver?		
Is personal use limited to an assigned driver?		
Are employee's family members allowed to use company vehicles?		
Is there a scheduled vehicle maintenance program? If yes, are records maintained for each unit?		
Are regularly scheduled safety inspections performed?		
Are results of inspections recorded and maintained?		
Are pre-trip safety inspections performed?		
Do you have a cell phone use policy? <input type="checkbox"/> Hands free <input type="checkbox"/> No use while driving <input type="checkbox"/> Pull over to talk		
Indicate the % of operations within the majority of the time: 1-50 miles _____ 50-100 miles _____ 100-200 miles _____ 200+ _____		
Do you haul any Red label or EPA poisonous substances (Hazard III or IV)		
Do you require MCS90 filing		
Do you transport property of others?		
Do you haul for hire?		
Do you have any Hot Shot delivery?		

### Declaration and Signature

I have read the above application. I declare that to the best of my knowledge and belief the statements and information in this application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature of 1<sup>st</sup> Named Insured

Title

Date