

# Roush Insurance Services, Inc.

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- Deerfield Insurance Company
- Evanston Insurance Company
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## PIPELINE OPERATOR SUPPLEMENTAL APPLICATION

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**  
**ATTACH TO ACORD COMMERCIAL GENERAL LIABILITY APPLICATION**

**NOTICE:** For certain policies and coverage parts issued, the limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

### A. APPLICANT INFORMATION

Applicant:		Date:	
Address:		Phone:	
City:	State:	Zip Code:	
Phone:	Company Website:		D&B No.

Form of Business:  Individual  Partnership  Corporation  Joint Venture  
 Other (describe):

If there is more than one proposed Named Insured, list each and provide percentage of ownership:

### B. OPERATIONS

1. How many years' experience does the Applicant have as a pipeline operator?
  2. Safety / Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
  3. Are audited financial statements available?  Yes  No  
If no, please explain:
  4. Number of employees: \_\_\_\_\_
  5. Does the Applicant lease any employees?  Yes  No  
If yes, please explain:
  6. Estimated annual payroll: \$ \_\_\_\_\_
  7. Estimated Annual Gross Revenue: \_\_\_\_\_ Prior 12 Months Gross Revenue: \_\_\_\_\_  
Domestic: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Foreign: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- Note:** For operations other than operator / non-operator, provide a schedule of revenues for each entity.
8. Does the Applicant carry Workers' Compensation insurance in compliance with the applicable state Workers' Compensation Act?  Yes  No

**C. PIPELINE OPERATOR**

Please provide the following information for **each** pipeline system or major system segment for which coverage is requested. The Applicant may substitute or include maps, charts and other material containing the required information.

1. Location / System Name:
 

Buried 3" or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Length:	Miles	Diameter:	Inches	<input type="checkbox"/> Poly	<input type="checkbox"/> Steel
Product:				Throughput:				
Age:	Operating pressure:			Design pressure:				
Number of compression stations:			Average line compression (hp):			Largest compressor (hp):		

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Product:				Throughput:				
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Buried 3" or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Length:	Miles	Diameter:	Inches	<input type="checkbox"/> Poly	<input type="checkbox"/> Steel
Product:				Throughput:				
Age:	Operating pressure:			Design pressure:				
Number of compression stations:			Average line compression (hp):			Largest compressor (hp):		
2. System type:  Gathering  Transmission  Distribution
3. Water or river crossings:  Yes  No  
 If yes, how many: Over the water: \_\_\_\_\_ Under the water / river bottom: \_\_\_\_\_
4. Roads or highways crossings?  Yes  No  
 If yes, how many pass under State / Federal Highways? \_\_\_\_\_ How deep are they buried? \_\_\_\_\_
5. Railroad crossings?  Yes  No  
 If yes, how many? \_\_\_\_\_ How deep are they buried? \_\_\_\_\_
6. Does the Applicant sell products directly to end users?  Yes  No
  - a. If yes, explain to whom, what and where: \_\_\_\_\_
  - b. If gas, is it odorized?  Yes  No

**D. PIPELINE SAFETY**

1. Pipeline safety features (if answers vary by pipeline system or major segment, include details):
  - a.  Wrapped  Cathodic protection  24 hour human monitoring  High and low pressure alarms
  - b. Pressure tested within the last 5 years?  Yes  No
  - c. Internal inspection within the last 5 years?  Yes  No
  - d. What is the percentage of shrinkage / leakage annually? \_\_\_\_\_ %
  - e. Subject to Pipeline Safety Act of 2001?  Yes  No  
 If yes, is the Applicant in compliance with recommendations regarding integrity testing and public education?  Yes  No
2. Describe safety / access control procedures at facilities (pig access sites, compression states, metering stations, etc.):
3. Describe corrosion protection system:
4. Describe leak detection, remote monitoring and automatic shut-down systems and procedures:

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**WARRANTY STATEMENT**

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

**NOTICE TO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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**I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date