

NATURAL GAS DISTRIBUTION LINE SUPPLEMENTAL

Named Insured: _____

Location Address: _____
City .State Zip

Number of years operation under present name: _____

_____ Individual _____ Partnership _____ Corporation
_____ Joint Venture _____ Other- Describe _____

A. Date pipeline installed _____
Length: Above ground: _____ Below ground: _____
Diameter: _____
Does the pipeline cross any:
 Roads Railways Waterways

B. Pipeline delivers to: _____

C. Serves the following municipalities, cities, towns and villages or customers:

<u>Type of customer</u>	<u># of outlets</u>
Residential	_____
Commercial	_____
Industrial	_____

Do you perform "light up" services or relight pilot lights for customers? Yes No
Do you sell, service or repair any household appliances? Yes No

D. Map of system available? _____ Up-to-date? _____
Shows major repairs? _____ Regulator stations? _____
Block valves? _____
Are written specifications or standards available? _____
Operating pressure: _____
Maximum allowable Pressure: _____

E. The pipeline's annual sales are: _____
The pipeline's annual MCF's delivered are: _____

F. Is gas odorized? _____ if so, by what method? _____
 At what point? _____
 Name of party who maintains: _____

G. Unaccounted for gas lost last three years: _____ %
 _____ %
 _____ %

H. The pipeline has a total of _____ employees, divided as follows:

Principal Duties	No. of Employees	Estimated Annual Payroll
Superintendents and Managers	_____	_____
Engineers	_____	_____
Maintenance	_____	_____
Clerical	_____	_____

I. Does pipeline purchase natural gas? _____

J. Does pipeline transport gas for others? _____

K. Corrosion Control

Is system cathodically protected? _____

Who is responsible for carrying out corrosion control? _____

Type system installed _____

L. Leak Survey

Who conducts surveys? _____

What instruments are used? _____

How many of the following classes of leaks were found in the last survey?

CLASS	PRESENT DISPOSITION
I	_____
II	_____
III	_____

M. Has the prospect a written operating and maintenance plan? _____

Has the prospect a formal Safety program? _____

N. Has the prospect a written emergency plan? _____

If yes Employee emergency response training

Liaison with public officials

Education programs for customers and general public

O. Other company operations:

Natural Gas Producer _____ Gathering Facilities _____

Distribution System _____ Storage Facilities _____

P. Attach copies of D.O.T., FM100 .2-1 for last three years.

Q. Attach copy of latest annual report.

R. Attach area map of system

S. Loss Information (at least 5 years).

Date of Loss	Description	Amt. Paid	Carrier
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

T. Independent Contractors

Name	Cert of Ins. On Hand	Limits	Term	Carrier	Hold Harmless in Favor of Prospect
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do all subcontractors sign a Master Service Agreement: Yes No

_____ \

SIGNATURE

I have read the above Application and to the best of my knowledge and belief, the statements and information in the Application and all subsequent information is true, accurate and complete. It is agreed that if any information given in this Application is materially false, inaccurate, misleading or incomplete, the insurer may deny coverage or cancel the policy.

Signature of Insured

Date

Producer

Date