

**PIPELINE SUPPLEMENTAL**

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

**NAME OF SYSTEM:** \_\_\_\_\_

**TYPE:**

**PIPELINE**  **TRANSMISSION LINE**  **GATHERING LINE**

**LOCATION:** \_\_\_\_\_

**LENGTH: ABOVE GROUND:** \_\_\_\_\_ **BELOW GROUND:** \_\_\_\_\_

**DIAMETER:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**MAXIMUM ALLOWABLE PRESSURE:** \_\_\_\_\_

**WHAT DOES PIPE TRANSPORT :**  **OIL**  **GAS**

**DOES THE PIPELINE SERVICE ANY END USER?**  **YES**  **NO**

**IF YES, PROVIDE DETAILS:**

**DOES THE PIPELINE GO THROUGH POPULATED AREAS?:**  **YES**  **NO**

**IF YES, PROVIDE DETAILS:**

**DOES THE PIPELINE CROSS ANY:**  **ROADS**  **RAILWAYS**  **WATERWAYS**

**IF YES, PROVIDE DETAILS:**

**IS PIPELINE INSPECTED ON A REGULAR BASIS?:**  **YES**  **NO**

**HOW OFTEN:** \_\_\_\_\_ **DATE OF LAST INSPECTION:** \_\_\_\_\_

**LEAKAGE RATE:** \_\_\_\_\_ **IS A COPY AVAILABLE:**  **YES**  **NO**

**IS THE SYSTEM MAPPED?:**  **YES**  **NO**

**IS THE SYSTEM MARKED/POSTED WITH SIGNS?:**  **YES**  **NO**

**IF THE INSURED DOES NOT OPERATE THE SYSTEM:**

**THE OPERATOR CARRIES CGL COVERAGE NAMING INSURED AS AI & WOS**

**CERTIFICATE OF INSURANCE IS PROVIDED TO THE INSURED**

**LIMIT REQUIRED OF OPERATOR IS \$1,000,000 OR HIGHER**

**ADDITIONAL COMMENTS:** \_\_\_\_\_