

**BUSINESS RISK SERVICES OF OHIO, INC.**  
**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: \_\_\_\_\_.
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18. LIST ANY OTHER PERTINENT INFORMATION WHICH MIGHT BE USEFUL IN GETTING A VIEW OF HOW THE INSURED CONDUCTS HIS OPERATIONS:

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