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Pipeline Questionnaire

Agent: _____

Insured: _____

Insured Address: _____

Effective Date: _____

Section I Operational Summary

What is the age of pipeline? _____

What is the pipeline constructed of? _____

What is the diameter and average mean depth of pipe?

What are the contents and pressure of the pipeline? Please include maximum operating pressure and maximum design pressure.

Specify the type and length of the pipeline?

Gathering Lines (running between well sites)

Distribution Lines (running to end users)

Transmission Lines (long distance)

Miles

What is the maximum daily throughput of the pipeline?

What is the client's insurable interest in the pipeline?

Does the pipeline transport the Insured's own product?

Does the pipeline run through any farmlands, cities, under waterways or under railroads? _____

If Yes, please explain _____

Section II
Safety & Loss Control Provisions

What is the annual leakage rate and/or % of unaccounted-for gas? _____

Does the pipeline have automatic leak detection and/or automatic valve shutoff?

What is the number and placement of emergency shut-off valves?

What procedures are in place for corrosion prevention?

Is a formal Safety Director employed? Yes No
If Yes, please provide: Name _____ Telephone: _____

Is there a formal safety program?	Yes	No	If No, explain below
Is there an employee training program?	Yes	No	If No, explain below
Are employee MVR's checked prior to hiring and monitored on a regular basis	Yes	No	If No, explain below
Are pre-employment drug screens performed?	Yes	No	If No, explain below
Is there a formal vehicle maintenance program?	Yes	No	If No, explain below
Does the Insured follow OSHA standards for promoting a safe workplace?	Yes	No	If No, explain below
Does the Insured have a Certified Drug-Free workplace?	Yes	No	If No, explain below
Does the Insured conduct accident investigations?	Yes	No	If No, explain below
Is the public kept at a safe distance from all of the Insured's work areas?	Yes	No	If No, explain below
Is all equipment maintained in good condition?	Yes	No	If No, explain below
Does the Insured utilize the One-Call Center?	Yes	No	If No, explain below
Is the premises in good condition and well maintained?	Yes	No	If No, explain below
Have there been any pollution claims against the Insured w/i the last 5 years?	Yes	No	If No, explain below
Are hold harmless agreements in place favoring the Insured?	Yes	No	If No, explain below
Is our Insured named as an Add'l Named Insured on subcontractor's policies?	Yes	No	If No, explain below
Are certificates of insurance obtained for subcontractors?	Yes	No	If No, explain below

Explanation: _____

Name

Title

Signature

Date