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Pipeline
Application
Supplement

A. APPLICANT INFORMATION

- 1. Insured Name
2. Is Named Insured status requested for any other entities?
3. Do any requested Named Insureds have subsidiary, related, or affiliated companies which are not stated in 1. or 2. above?
4. Do you have a formal company safety program? If yes, who administers?

B. PIPELINE INFORMATION

Provide the following information for each pipeline system or major system segment for which coverage is requested. Applicant may substitute or add maps, charts and other material containing the required information.

- 1. Location/Description
Length Diameter Construction
Product Throughput
Age Operating Pressure Design Pressure
of compression stations Avg. line compression (hp) Largest compressor (hp)
2. Location/Description
Length Diameter Construction
Product Throughput
Age Operating Pressure Design Pressure
of compression stations Avg. line compression (hp) Largest compressor (hp)
3. Location/Description
Length Diameter Construction
Product Throughput
Age Operating Pressure Design Pressure
of compression stations Avg. line compression (hp) Largest compressor (hp)
4. Location/Description
Length Diameter Construction
Product Throughput
Age Operating Pressure Design Pressure
of compression stations Avg. line compression (hp) Largest compressor (hp)

The following questions pertain to all pipelines. If answers vary by pipeline system or major segment, include details.
Applicant may substitute or add other material containing the required information.

5. Describe safety/access control procedures at facilities (pig access sites, compression stations, metering stations, etc.)

6. Describe corrosion protection system

7. Describe leak detection systems/procedures and remote monitoring and automatic shut-down systems/procedures

DECLARATION and SIGNATURE

I have read the above Application. I declare that to the best of my knowledge and belief the statements and information in this Application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this Application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature for First Named Insured
(May not be signed by Producer)

Title

Date

Submitted by: _____
Producer

FOR NEW YORK AND OHIO APPLICANTS:
ANY PERSON WHO, I NOWINGLY 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 ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.