

	<b>James River Insurance Company and its Subsidiaries</b> 6641 West Broad Street, Suite 300 Richmond, VA 23230	<b>Pipeline Supplemental Application</b>
		<b>ENERGY Division</b> Email to <a href="mailto:EG@jamesriverins.com">EG@jamesriverins.com</a> or, Fax to 804-420-1054
<b>APPLICANT'S INSTRUCTIONS:</b> <ol style="list-style-type: none"> <li>1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.</li> <li>2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.</li> <li>3. Please read the statements at the end of this application carefully. Thank you!</li> </ol>		

## PIPELINE SUPPLEMENTAL APPLICATION

*(For gathering, transmission and distribution systems. Complete an application for each pipeline.)*

### A - Applicant Information:

1. Name of applicant: \_\_\_\_\_
2. Are you an operator or non-operator? \_\_\_\_\_
3. If you are a non-operator, what is your working interest in the pipeline? \_\_\_\_\_
4. Product transported: \_\_\_\_\_  
 If gas, is it odorized and by whom? \_\_\_\_\_
5. Annual barrels of oil or barrels of oil-equivalent thru-put: \_\_\_\_\_
6. Pipeline is:  
 Gathering  Transmission  Distribution
7. Is the pipeline system mapped? \_\_\_\_\_
8. Is the pipeline intrastate or interstate? \_\_\_\_\_
9. Provide location: Onshore: \_\_\_\_\_ Offshore: \_\_\_\_\_
10. Construction of pipe: \_\_\_\_\_
11. Diameter of pipe: \_\_\_\_\_
12. Age of pipeline: \_\_\_\_\_
13. Indicate the length above the ground: \_\_\_\_\_
14. Indicate the length and depth below the ground: \_\_\_\_\_
15. What is the maximum pressure? \_\_\_\_\_
16. What is the operating pressure? \_\_\_\_\_
17. What lines are cathodically protected? Describe method. \_\_\_\_\_
18. What lines are not cathodically protected? \_\_\_\_\_
19. What length of pipe is coated? \_\_\_\_\_
20. What length of pipe is not coated? \_\_\_\_\_
21. How many compressor stations exist? \_\_\_\_\_
22. What is the distance between compressor stations? \_\_\_\_\_
23. Please provide the leakage rate: \_\_\_\_\_
24. Please provide the number of crossings for:  
 Water: \_\_\_\_\_ Railroad: \_\_\_\_\_ Road: \_\_\_\_\_
25. Is the pipeline at these crossings buried below ground? Yes  No   
 (If no, explain) \_\_\_\_\_

26. Identify and explain any shared right of ways. \_\_\_\_\_
27. Identify and describe any populated areas this line may go through. \_\_\_\_\_
28. List and explain any existing end users. \_\_\_\_\_
29. Describe your "Due Diligence" process when acquiring additional pipelines as it relates to the condition of the lines. \_\_\_\_\_
30. Attach copies of all "Incident" and "Accident" Reports filed with the OPS in the last 5 years.

**If you own gas plants, please complete a separate Gas Plant Supplemental Application**

**B - Inspection, Maintenance & Subcontractors:**

1. Are you subject to the Pipeline Safety Act H.R. 3609?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Are you in compliance with H.R. 3609?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Explain in detail, your present inspection procedures.	
4. Explain in detail your present maintenance/replacement program.	
5. How are you addressing corrosion and pipe degradation?	
6. Describe your leak detection methods.	
7. Do you utilize in-line inspections? a. If yes, when were they last conducted? b. When are they scheduled to be conducted next?	
8. Do you hire subcontractors? (If yes, attach copies of active subcontractor contracts)	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. What are your criteria for selecting subcontractors?	
10. What inspection or maintenance work is performed by your employees?	
11. Explain your emergency response procedures.	
12. Do you have an agreement with an emergency response contractor in place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Do you require your subcontractors to maintain insurance equal to the insurance you maintain?	YES <input type="checkbox"/> NO <input type="checkbox"/> (If no, explain)
14. Are you an Additional Insured on your subcontractor's policies?	
15. Do you obtain a Waiver of Subrogation from your subcontractor's insurance carrier?	
16. How are 14 & 15 verified?	

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17. Are any subcontractors hired without a written contract?	YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, explain)
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**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period. The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: