

Pipeline Inspection Tool
Equipment Coverage
Application (ECD)



Send Application To:
service@transpacmgrs.com

1) Name Insured:

Address City State/Prov Zip Code

2) Pipeline Inspection
Contractor:

Address City State/Prov Zip Code

3) Pipeline Operator:

Address City State/Prov Zip Code

4) Pipeline Name & No:

River/Lake Name Nearest Town County State/Prov

5) Pipeline Details:

OD Size	Length Inspected	Deepest Water Depth	Operating Pressure	Wall Thickness	Pipe Grade	Coating Type

6) Date of last maintenance pig run:

7) Will a gauging pig run be made prior to tool run? Yes No Unknown

8) Planned date of inspection tool run?

9) Estimated time inspection tool will be in the pipeline?

10) What are the past tool losses and/or damages during past inspections?
(Please Provide Details)

11) Equipment Schedule

Inspection Tool #1				
# of Items	Item Description	Manufacturer	100% Replacement Cost Value	Value to be Insured

Total Value Insured:

Maximum Value of Tools in the Pipeline at any One Time:

Inspection Tool #2				
# of Items	Item Description	Manufacturer	100% Replacement Cost Value	Value to be Insured

Total Value Insured:

Maximum Value of Tools in the Pipeline at any One Time:

By signing this application, I hereby verify that the data provided in this application is true and accurate.

Signature:	
Digital Signature (If Available):	
Date Application Completed:	