



PIPELINE TOOL INSURANCE EQUIPMENT COVERAGE APPLICATION

Please send all completed applications to service@transpacmgrs.com.

WHAT TYPE OF TOOLS REQUIRE COVERAGE?

NAMED INSURED

Named Insured: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Phone: _____

Country: _____

Contact First Name: _____ Contact Last Name: _____

Contact Email: _____

PIPELINE INFORMATION

What is the unit of measurement?

IMPERIAL (US) METRIC

Job # _____ Date of Inspection Run: _____

Pipeline Name/Number: _____

State/Province: _____ Country: _____

Pipeline OD Size _____ Length Inspected: _____ Product in the Pipeline: _____

Operating Service Pressure _____ Date of last gauge pig run: _____

Will this job take place inside terminal or owners' property? YES NO UNKNOWN

Will this job run under a waterway (i.e.; river, canal, etc.)? YES NO UNKNOWN

If yes, what is the span of the waterway? _____

Will this job run under urban infrastructure (i.e.; freeway, building, etc.)? YES NO UNKNOWN

If yes, what is the span of the urban infrastructure? _____

Will this be a subsea operation? YES NO UNKNOWN

If yes, what is the span of the subsea operation? _____

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EQUIPMENT SCHEDULE

Enter equipment that corresponds with each Run, separately as shown in the example below:

Run #	# of Items	Item Description	100% Replacement Cost Value	Coverage Limit Requested
1	1	Smart Pig X9735	500,000	275,000
2	1	Pipeline camera	1,200,000	600,000

Run #	# of Items	Item Description	100% Replacement Cost Value	Coverage Limit Requested

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

Signature: _____

Printed Name _____

Digital Signature: _____

Date Application Completed _____