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| **Named Insured:** | |
| **Effective Date of Coverage:** | **Application Date:** |

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| **Water** | | | | |
| Annual Payroll: | | | | |
| Annual Worker Hours: | | | | |
| Number of customers? | | Residential: | | Commercial: |
| Number of gallons distributed annually: | | | | |
| What is water use? | Human consumption | | Manufacturing | |
| Are all facilities fenced? | | | | Yes  No |
| Are chemical storage areas locked? | | | | Yes  No |
| Who is responsible for inspecting the facilities? | | | | |
| Frequency: | | | | |
| Were any violations cited during the most recent inspection? | | | | Yes  No |
| If **Yes**, please explain: | | | | |
| Who is responsible for treatment of water? | | | | |
| How often? | | | | |
| Who is responsible for maintenance and servicing of existing mains? | | | | |
| Are any operations contracted? | | | | Yes  No |
| If **Yes**, please identify: | | | | |
| Are Certificates of Insurance on file for contracted services? | | | | Yes  No |
| Is any testing performed? (i.e. EPA, etc)  If so, how often? | | | | Yes  No |
| If water is used for power generation, please complete Electric Utility section. | | | | |

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| **Wastewater** | | | | |
| Annual Payroll: | | | | |
| Annual Worker Hours: | | | | |
| Number of customers? | | Residential: | | Commercial: |
| What type of facility(s) is operated? | | | | |
| Treatment Plan | Pumps | | Lift Stations | |
| If treatment plant, is it: | | | | |
| Primary  Secondary  Tertiary | | | | |
| Are all facilities fenced? | | | | Yes  No |
| Are chemical storage areas locked? | | | | Yes  No |
| Who is responsible for inspecting the facilities? | | | | |
| Frequency: | | | | |
| Were any violations cited during the most recent inspection? | | | | Yes  No |
| If **Yes**, explain: | | | | |
| Who is responsible for maintenance and servicing of existing mains? | | | | |
| Are any operations contracted? | | | | Yes  No |
| If **Yes**, please identify: | | | | |
| Are Certificates of Insurance on file for contracted services? | | | | Yes  No |
| Is any testing performed? (i.e. EPA, etc)  If so, how often? | | | | Yes  No |

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| **Gas – Local Distribution** | | | | | | | |
| Annual Payroll: | | | | | | | |
| Annual Worker Hours: | | | | | | | |
| Number of customers? | | | | Residential: | | | Commercial: |
| Total number of miles of gas pipelines: | | | | | | | |
| What is gas use? | | | | Residential | | | Manufacturing |
| Are repair/maintenance records maintained? | | | | | | | Yes  No |
| Who is responsible for maintenance and servicing of existing mains? | | | | | | | |
| Is there a comprehensive plan for replacing of aging distribution lines? | | | | | | | Yes  No |
| Are the main shut-off valves and regulating controls indicated? | | | | | | | Yes  No |
| Are any operations contracted? | | | | | | | Yes  No |
| If **Yes**, please identify: | | | | | | | |
| Are Certificates of Insurance on file for contracted services? | | | | | | | Yes  No |
| Is any testing performed? (i.e. EPA, etc)  If so, how often? | | | | | | | Yes  No |
| **Electric** | | | | | | | |
| Annual Payroll: | | | | | | | |
| Annual Worker Hours: | | | | | | | |
| Total values: | | | | | | | |
| Number of customers? | | | | Residential: | | | Commercial: |
| Number of miles of distribution lines: | | Underground: | | | | Overhead: | |
| Are all distribution lines owned by the insured? | | | | | | | Yes  No |
| Total annual revenues for electricity distribution: | | | | | | | |
| Total Number of Locations including substations: | | | | | | | |
| Are all locations protected? | | | | | | | Yes  No |
| Are all locations fenced? | | | | | | | Yes  No |
| Are all locations lighted? | | | | | | | Yes  No |
| Do all locations have alarms? | | | | | | | Yes  No |
| Does the utility provide electrical distribution to other communities? | | | | | | | Yes  No |
| If **Yes**, please describe: | | | | | | | |
| Does the utility participate in a regional power pool? | | | | | | | Yes  No |
| If **Yes**, please describe: | | | | | | | |
| If **Yes**, please identify: | | | | | | | |
| If generating, please indicate: | | | | | | | |
| Total daily capacity: | | | | | | | |
| Peak demand daily: | | | | | | | |
| Total annual revenue for generation: | | | | | | | |
| What is the power source: | | | | | | | |
| Identify alternate power source: | | | | | | | |
| Turbines: | Size: | | Age: | | Fuel: | | |
| Generators: | Size: | | Age: | | Fuel: | | |
| Equipped with warning signs? | | | | | | | Yes  No |
| Do they include dates of major repairs and replacements? | | | | | | | Yes  No |
| Are main shut-off valves and regulating controls indicated? | | | | | | | Yes  No |
| Who is responsible for inspecting the facilities? | | | | | | | |
| Frequency: | | | | | | | |
| Who is responsible for service and maintenance? | | | | | | | |
| Are any operations contracted? | | | | | | | Yes  No |
| If **Yes**, please identify: | | | | | | | |
| Are Certificates of Insurance on file for contracted services? | | | | | | | Yes  No |
| Is any testing performed? (i.e. EPA, etc)  If so, how often? | | | | | | | Yes  No |
| Have there been any interruptions in service during the past seven years? | | | | | | | Yes  No |
| If **Yes**, please explain: | | | | | | | |