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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:       |