

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s):	Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):

UTILITY LIMITS

FAILURE TO SUPPLY (APPLIES TO WATER, GAS, AND ELECTRIC UTILITIES)

If Failure to Supply coverage is requested, please select one of the following sub-limits:

- \$100,000
 \$250,000
 \$500,000
 \$1,000,000

SEWAGE BACK-UP (APPLIES TO SEWER UTILITIES)

If Sewage Back-Up coverage is requested, please select one of the following sub-limits:

- \$100,000
 \$250,000
 \$500,000
 \$1,000,000

UTILITY TYPE INFORMATION

**If you have Subcontracted Operations, answer the questions in the Safety Program and Subcontracted Operations section of the Public Sector Services Insurance Application [\(CP-7609\)](#)*

Utility Type:	Sewer	Water	Electric	Gas	Telecom
Annual Payroll (excluding clerical)					

GENERAL QUESTIONS (Check if Yes)	Sewer	Water	Electric	Gas	Telecom
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Do you have the following operations? <i>(if yes, answer questions for applicable exposures below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do you have performance standards for responding to consumer complaints? <i>(if yes, please describe in the next line)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is there a documented training program? <i>(If no, please describe training/certification plan in the next line)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is a Supervisory Control and Data Acquisition (SCADA) system used in the operation of your utility? <i>If no, how are your systems monitored (below)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SALES, INSTALLATION, or REPAIR SERVICES (Check if Yes)	Sewer	Water	Electric	Gas	Telecom
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Are there service plans, sales, installation or repair services of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Annual payroll (for service plan, sales, installation or repair services)					
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PLANT OPERATION	Sewer	Water	Electric	Gas	Telecom
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Are buildings and equipment secured with lightning arrestors and surge protectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is there a documented emergency response plan maintained, practiced and understood by all employees that includes:					
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a. Natural disaster (weather, earthquake, etc.) mitigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inventory of spare parts for critical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hazardous material response procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Alternative power sources for critical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the percentage of residential customer base 50% or more? Yes No

<i>Utility Type:</i>	<i>Sewer</i>	<i>Water</i>	<i>Electric</i>	<i>Gas</i>	<i>Telecom</i>
Do you document inspections, preventive maintenance, and other repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there property security protection for the buildings and areas providing your product or service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAPITAL IMPROVEMENT PLAN

Is there a capital improvement plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Are provisions included regarding plant capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are provisions included for line maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Have you had any losses from major interruptions (24 hours or more) in the past 36 months?..... Yes No
If yes, please describe: _____

2. Are alternative suppliers available to help meet demand if you are unable to supply services? Yes No
If yes, what is the percentage of demand they can supply? _____%

WATER UTILITY INFORMATION

Please provide the most current consumer confidence / water quality report

3. What type of exposures do you have? Treatment Distribution

a. Water Sources: Surface Ground Another Facility Other

b. Number of dams: _____

(If any, please complete the Dam/Levee/Dike/Canal Additional Information Request [CP-7610](#))

4. Do you provide water services to other public entities? Yes No
If yes, indicate the percentage _____

5. What is your design capacity and what is your average production amount in terms of Maximum Gallons per day?
 Design capacity: _____ Average production amount: _____

6. Describe the disinfection method used in the treatment process:
 Chlorine Sodium Hypo Chloride Calcium Hypo Chloride Other:

If gaseous chlorine is used, indicate tank size and capacity: _____

7. Enter the miles of line for the following grid:

<i>Age of Lines:</i>	<i>PVC</i>	<i>Ductile Iron</i>	<i>Other</i>
0 – 20 Years			
Over 20 Years			

8. Do you have a cross connection control program? Yes No

9. Do you have a water main cross connection with other entities? Yes No

SEWER UTILITY INFORMATION

10. What is your licensed peak capacity? _____

11. At what percentage of your licensed peak day capacity have you been operating?

Last Year		1 year prior		2 years prior	
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12. Do you have backup power for:

- a. Treatment plants? Yes No
- b. Lift stations? Yes No

13. Enter the miles of line for the following grid:

Age of Lines:	PVC	Concrete	Steel	Clay	Other
0 – 20 Years					
Over 20 Years					

14. How many line breaks have been repaired in the past 3 years? _____

15. Complete the following grid:

	Sewer Only	Combined Sewer & Storm
Miles of line		

16. If you have a combined sewer and storm drain, do you have a documented plan to separate the systems per EPA guidelines, and what is the timeline for the completion?

17. Have you been cited or fined for non-compliance or CSO's (Combined Sewer Overflow) by the EPA? ... Yes No

18. How are hot spots monitored and what steps are taken to prevent sewer back-ups?

19. Sewer Back-up Claims/loss history: (if more space is needed, use the Additional Information section at the end of this document)

ELECTRIC UTILITY INFORMATION

20. What type of exposures do you have? Generation Distribution

If you have coal or nuclear generation, please contact your Travelers representative before proceeding.

21. Is the generation of electricity for peak season demand only? Yes No

22. Percentage of generating capacity by fuel type:

Water	Nuclear	Coal	Oil or Gas	Other (describe):

23. Do you participate in a regional grid or power pool? Yes No

24. Do you have redundant supply lines or loop distribution systems? Yes No

If yes, please describe: _____

25. What percentage of installation, repair and maintenance of the distribution system is managed by employees vs. sub-contractors?

	<i>Employees %</i>	<i>Sub-Contractors %</i>
Erection of Poles or Towers		
Stringing high tension wires		
Installing underground cable		
Other		

GAS UTILITY INFORMATION

26. Are there gas storage facilities including Liquefied Natural Gas (LNG) above or below ground gas storage? Yes No

If yes, please contact your Travelers Representative before proceeding.

Please provide reports from the Department of Transportation (DOT) – Form RSPA F 7100.1-1 for the past 3 years. Leak reports for grade 1 leaks in the past 12 months, Explanation of unaccounted for gas percentage.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA: 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK AUTO: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.