

Name of Insured	Proposed Effective Date
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**GENERAL INFORMATION**

1. Annual Payroll (Excluding clerical): .....
2. Full description of operations performed by:
  - a. Entity:
  - b. Contractors:
  - c. Are sub-contractors required to carry limits of insurance equal to your limits of liability? ..... Yes No
  - d. Are certificates of insurance obtained? ..... Yes No
  - e. Are hold-harmless agreements required from sub-contractors? ..... Yes No
  - f. Are you named as an additional insured under the sub-contractors policy? ..... Yes No
3. Have you ever been cited or fined for non-compliance with federal or state requirements? ..... Yes No  
*If yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct the problems(s):*

**DISTRIBUTION SYSTEM**

4. Are there gas storage facilities including Liquefied Natural Gas (LNG) above or below ground gas storage? ..... Yes No
5. Number of Grade 1, 2 and 3 leaks you have had in the past 12 months:
  - a. Grade 1 .....
  - b. Grade 2 .....
  - c. Grade 3 .....

**Please provide reports from the Department of Transportation (DOT) - Form RSPA F 7100.1-1 for the past 3 years.**

**If unaccounted for gas is above 3% in the most current DOT report please provide the following:  
Leak reports for grade 1 leaks in the past 12 months, Explanation of unaccounted for gas percentage.**

**SALES, INSTALLATION, OR REPAIR SERVICES**

6. Are there service plans, sales, installation, or repair services of any kind? ..... Yes No
7. Annual Payroll (for service plan, sales, installation or repair services) .....

**PLANT OPERATION**

8. Are building equipped with lightning arresters and surge protectors? ..... Yes No
9. Is there a documented operator qualification program? ..... Yes No  
*If no, please explain training/certification plan:*
10. Is there a documented emergency response plan? ..... Yes No  
 If yes, does it include:
  - a. Natural disaster (weather, earthquake, etc.) mitigation ..... Yes No
  - b. Inventory of spare parts for critical equipment? ..... Yes No

11. Do you document inspections, preventative maintenance and repairs? ..... Yes No
12. Is there a Supervisory Control and Data Acquisition (SCADA) system used? ..... Yes No
- If no, how is the distribution system monitored?*

**FAILURE TO SUPPLY**

13. If Failure to Supply coverage is requested, please select one of the following:  
 Sub-limit of Failure to Supply Coverage:    \$100,000       \$250,000       \$500,000       \$1,000,000
14. Complete the following:  
 Percentage of customer base:  
 a. Residential: .....  
 b. Commercial: .....
15. Do you have redundant supply lines, looped distribution systems, or backup power supply for your utility? ..... Yes No
16. Have you had any losses from major interruptions (24 hours or more) in the past 36 months: ..... Yes No
- If yes, please describe:*

**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.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For all other applicable state fraud warnings, please see the main application.

Signature	Date
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## Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.