TRAVELERS

ELECTRIC UTILITY SUPPLEMENT
PUBLIC SECTOR SERVICES

Name of Insured	Proposed Effective Date

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 (to include FAA regulations on pole height)? ..... ☐ Yes ☐ No

   If yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct the problem(s):

   ☐
4. What type of exposure(s) do you have? ..... ☐ Generation ☐ Distribution

POWER GENERATION (For Casualty Coverage Only)

5. Is the generation of electricity for peak season demand only? ..... ☐ Yes ☐ No
6. Percentage of generating capacity by fuel type:
   a. Water Power ..... ☐ %
   b. Nuclear Power ..... ☐ %
   c. Coal ..... ☐ %
   d. Oil or Gas ..... ☐ %
   e. Other ..... ☐ %

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DISTRIBUTION SYSTEM

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

	Employees %	Sub-contractors %
Erection of poles or towers		
Line maintenence		
Right of way clearing		
Stringing high tension wires		
Installing underground cable		
Other		

SALES, INSTALLATION, OR REPAIR SERVICES

8. Are there service plans, sales, installation or repair services of any kind? ..... ☐ Yes ☐ No

9. Annual payroll (for service plan, sales, installation or repair services): .....

PLANT OPERATION

10. Are buildings and equipment secured with lightning arrestors and surge protectors? ..... ☐ Yes ☐ No

11. Is there a documented training program? ..... ☐ Yes ☐ No

If not, please describe training/certification plan:

12. 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

13. Do you document inspections, preventative maintenance, and repairs? ..... ☐ Yes ☐ No

14. Is a Supervisory Control and Data Acquisition (SCADA) system used in the operation of your utility? ..... ☐ Yes ☐ No

If no, how is your system monitored?

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FAILURE TO SUPPLY

15. *If **Failure to Supply** coverage is requested, please select one of the following:*

    Sublimit of Failure to Supply coverage: ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000

16. Complete the following:

    Percentage of customer base:

    a. Residential ..... ☐ %

    b. Commercial ..... ☐ %

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

18. 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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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

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.