



**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 .....

**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 maintenance		
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?*

**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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[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.