

Utility Supplemental Questionnaire

Broker: _____

Insured: _____

Insured Address: _____

Effective Date: _____

Section I Operational Summary

	Current Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Electric					
Gross Revenues	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gross Payroll	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
# of Consumers	_____	_____			
Total KWH	_____	_____			
Miles of Trans. Lines	_____	_____	Above Ground _____%		Underground _____%
Miles of Dist. Lines	_____	_____	Above Ground _____%		Underground _____%
# of Substations	_____	_____			
Gas					
Gross Revenues	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gross Payroll	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
# of Consumers	_____	_____			
Total Cu Ft	_____	_____			
Miles of Pipeline	_____	_____	Above Ground _____%		Underground _____%
Maximum Diameter	_____	Operating PSI _____	_____	Maximum Design PSI _____	
Water					
Gross Revenues	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gross Payroll	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
# of Consumers	_____	_____			

Please describe any ancillary sources of revenue: _____ Revenue \$ _____

Service Sector Breakdown

Residential	_____%
Commercial	_____%
Industrial	_____%
Wholesale	_____%
Other _____	_____%
Total	100%

Please provide a narrative of the Insureds operations (Include all entities, and reference entities to be excluded, if any):

Please describe the Insureds relationship with local municipalities (financial and indemnity): _____

Years in business _____ (If under 5 years, please provide resume(s) of Principal(s) and/or Partners)

of Employees: _____ Union or Non-Union: _____ If Union, % of participation: _____

Is there any Jones Act Payroll? Yes No \$ Amt. _____ Explain: _____
 Is there any USL&H Payroll? Yes No \$ Amt. _____ Explain: _____

Does the Insured Own / Lease any Watercraft? Yes No Explain: _____
 Does the Insured Own / Lease any Aircraft? Yes No Explain: _____

List ALL States that the Insured operates in: _____
 List ALL States where the Insured maintains a premises: _____

Does the Insured Maintain Bulk Storage Facilities? Yes No
 If Yes: What is Stored? _____
 # of Above Ground Tanks _____ Total Capacity _____ Are all Tanks Fenced and Diked? Yes No
 # of Underground Tanks _____ Total Capacity _____

Does the Insured Maintain Dams, Levy's or Reservoirs? Yes No
Note: If Yes, please submit current inspection / engineering report for Underwriter review.

Total Miles of Vacant Land: _____

Recreational Activities Include:

Hiking / Camping: Yes No
 Ice Skating Yes No
 Boat Rental and/or Fishing Yes No
 Water Skiing Yes No
 Snow Skiing Yes No
 None Yes No

Real Estate Development and/or Construction Operations

Describe any Current Projects: _____
 Describe any Planned Projects: _____

**Section II
 Subcontractor Information**

% of work subcontracted out: _____

Type of Work Subcontracted Out

Blasting	Yes	No
Land Clearance	Yes	No
Dam or Levy Maintenance	Yes	No
Pipeline Construction	Yes	No
Wireline or Pipeline Inspections	Yes	No
Stringing of High Tension Lines	Yes	No
Underground Cable Work	Yes	No
Erection of Poles, Radio Towers or Antenna	Yes	No
Right of Way Clearing	Yes	No
Janitorial Work	Yes	No

Describe the type of work that is subcontracted out: _____

Are Certificates of Insurance obtained from ALL subcontractors: Yes No If no, please explain: _____

Subcontractors required insurance limits: \$ _____ Occurrence \$ _____ Aggregate

Provisions of Insureds Contract with Subcontractors

Is Insured held harmless by subcontractors: Yes No
 Does Insured hold subcontractors harmless: Yes No
 Is Insured named as an Additional Named Insured on the subcontractors Primary and Excess policies: Yes No

**Section III
Safety & Loss Control Provisions**

Is a formal safety Director employed? Yes No

If Yes, please provide: Name _____

Telephone: _____

Is there a formal safety program?	Yes	No	If No, explain below
Is there an employee training program?	Yes	No	If No, explain below
Are employee MVR's checked prior to hiring and monitored on a regular basis?	Yes	No	If No, explain below
Are pre-employment drug screens performed?	Yes	No	If No, explain below
Is there a formal vehicle maintenance program?	Yes	No	If No, explain below
Does the Insured follow OSHA standards for promoting a safe workplace?	Yes	No	If No, explain below
Does the Insured have a Certified Drug-Free workplace?	Yes	No	If No, explain below
Does the Insured conduct accident investigations:	Yes	No	If No, explain below
Is the public kept at a safe distance from all of the Insureds work areas?	Yes	No	If No, explain below
Is all equipment maintained in good condition?	Yes	No	If No, explain below
Is the premises in good condition and well maintained?	Yes	No	If No, explain below

Explanation: _____

Is the Insured currently involved in any open litigation?	Yes	No	If Yes, explain below
Is the Insured currently aware of any situation that may result in future litigation?	Yes	No	If Yes, explain below
Has the Insured ever been cited for safety violations?	Yes	No	If Yes, explain below

Explanation: _____

Name

Title

Signature

Date