

**PART L – ELECTRIC UTILITY SUPPLEMENTAL APPLICATION** Part L, Page 1 of 2

*General Information*

1.	Annual Payroll (excluding clerical): \$	
2.	Full description of operations performed by :	
	Entity:	
	Contractors:	
3.	<input type="checkbox"/> Y <input type="checkbox"/> N	Are sub-contractors required to carry limits of insurance equal to your limits of liability?
4.	<input type="checkbox"/> Y <input type="checkbox"/> N	Are certificates of insurance obtained?
5.	<input type="checkbox"/> Y <input type="checkbox"/> N	Are hold-harmless agreements required from sub-contractors?
6.	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you named as an additional insured under the sub-contractor's policy?
7.	<input type="checkbox"/> Y <input type="checkbox"/> N	Have you ever been cited or fined for non-compliance with federal or state requirements? If <b>Yes</b> , please provide details, copy of non-compliance notice(s) and action(s) taken to correct the problem(s):
8.	What type(s) of exposure do you have? <input type="checkbox"/> Generalized <input type="checkbox"/> Distribution	

*Power Generation*

9.	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the generation of electricity for peak season demand only?		
10.	What is the percentage of generating capacity by fuel type?			
	% Water Power	% Nuclear Power	% Coal	
	% Oil or Gas	% Other		

*Distribution System*

11. What percentage of installation, repair and maintenance of the distribution center is managed by employees? Sub-contractors?		
	% Managed by Employees	% Managed by Sub-Contractors
Erection of Poles or Towers	%	%
Line Maintenance	%	%
Right of Way Clearing	%	%
Stringing of High Tension Wires	%	%
Installing Underground Cable	%	%

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*Plant Operation*

14.	<input type="checkbox"/> Y <input type="checkbox"/> N	Are buildings equipped with lightning arresters and surge protectors?
15.	<input type="checkbox"/> Y <input type="checkbox"/> N	Is there a documented operator qualification program? If <b>No</b> , explain training/certification plan: _____
16.	<input type="checkbox"/> Y <input type="checkbox"/> N	Is there a documented emergency response plan? If <b>Yes</b> , does it include: <input type="checkbox"/> Y <input type="checkbox"/> N Natural Disaster (weather, earthquake, etc) mitigation? <input type="checkbox"/> Y <input type="checkbox"/> N Inventory of spare parts for critical equipment?
17.	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you document inspections, preventative maintenance and repairs?
18.	<input type="checkbox"/> Y <input type="checkbox"/> N	Is there a Supervisory Control and Data Acquisition (SCADA) system used?

*Sales, Installation or Repair Services*

12.	<input type="checkbox"/> Y <input type="checkbox"/> N	Are there service plans, sales, installation or repair services of any kind?
13.		Annual payroll (for service plan, sales, installation or repair services): \$ _____

*Failure to Supply*

19.	If failure to supply coverage is requested, please select a sublimit of failure to supply coverage: <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000			
20.	What are the following percentages of your customer base?		% Residential?	% Commercial
21.	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have redundant supply lines, looped distribution systems or backup power supply for your utility?		
22.	<input type="checkbox"/> Y <input type="checkbox"/> N	Have you had any losses from major interruptions (24 hours or more) in the past 36 months? If <b>Yes</b> , please describe: _____		

**I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Signature: \_\_\_\_\_

Name, Title: \_\_\_\_\_

Date: \_\_\_\_\_