

PART K – GAS UTILITY SUPPLEMENTAL APPLICATION

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

Distribution System

8.	<input type="checkbox"/> Y <input type="checkbox"/> N Are there gas storage facilities including Liquefied Natural Gas (LNG) above or below ground gas storage?
9.	Number of Grade 1, 2 and 3 leaks you've had in the past 12 months: Grade 1: # Grade 2: # Grade 3: #
10.	Please provide reports from the Department of Transportation (DOT) – Form RSPA F7100.1-1 for the past 3 years. <i>If unaccounted for gas is above 3% in the most current DOT report, please provide leak reports for Grade 1 leaks in the last 12 months and explanation of unaccounted for gas percentage</i>

Plant Operation

11.	<input type="checkbox"/> Y <input type="checkbox"/> N Are buildings equipped with lightning arresters and surge protectors?
12.	<input type="checkbox"/> Y <input type="checkbox"/> N Is there a documented operator qualification program? If No , explain training/certification plan:
13.	<input type="checkbox"/> Y <input type="checkbox"/> N Is there a documented emergency response plan? If Yes , 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?
14.	<input type="checkbox"/> Y <input type="checkbox"/> N Do you document inspections, preventative maintenance and repairs?
15.	<input type="checkbox"/> Y <input type="checkbox"/> N Is there a Supervisory Control and Data Acquisition (SCADA) system used?

Legal Named Insured: _____

Proposed Effective Date: _____

PART K – GAS UTILITY SUPPLEMENTAL APPLICATION

Part K, Page 2 of 2

Sales, Installation or Repair Services

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

Failure to Supply

18. 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
19. What are the following percentages of your customer base?	
% Residential?	% Commercial
20. <input type="checkbox"/> Y <input type="checkbox"/> N	Do you have redundant supply lines, looped distribution systems or backup power supply for your utility?
21. <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 "Yes", please describe:

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

Signature: _____

Name, Title: _____

Date: _____