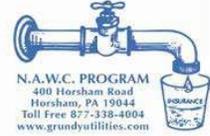




A Member of the Tokio Marine Group



UTILITY APPLICATION

APPLICANT INFORMATION

Named Insured: _____
 Address: _____
 Insurance Contact: _____ Email: _____
 Phone: _____

GENERAL INFORMATION

- Effective Date: _____
- Number of Employees: _____
- Annual Payrolls (less clerical and office):

\$	WATERWORKS
\$	SEWAGE DISPOSAL (plant operations)
\$	IRRIGATION

- Population Served: _____
- Any operations/activities conducted other than water, sewer, or irrigation? Yes No
If yes, please provide details: _____
- Please check work that is subcontracted: main repair, water treatment, meter reading, tank maintenance
Total annual subcontractor cost \$ _____
- Do you have backup power? Yes No

COMMERCIAL PROPERTY

If more than 3 locations attach schedule or statement of values

LOCATION#: _____ **Building#:** _____
 STREET ADDRESS: _____
 DESCRIPTION STRUCTURE (Tanks include gallons): _____
 Construction: __ Frame, __ Joisted Masonry, __ Noncombustible, __ Masonry Noncombustible
 Age: _____ Sq ft: _____
 CURRENT INSURED VALUE OF BUILDING: \$ _____ CURRENT INSURED VALUE OF PERSONAL PROPERTY: \$ _____

LOCATION#: _____ **Building#:** _____
 STREET ADDRESS: _____
 DESCRIPTION STRUCTURE (Tanks include gallons): _____
 Construction: __ Frame, __ Joisted Masonry, __ Noncombustible, __ Masonry Noncombustible
 Age: _____ Sq ft: _____
 CURRENT INSURED VALUE OF BUILDING: \$ _____ CURRENT INSURED VALUE OF PERSONAL PROPERTY: \$ _____

LOCATION#: _____ **Building#:** _____
 STREET ADDRESS: _____
 DESCRIPTION STRUCTURE (Tanks include gallons): _____
 Construction: __ Frame, __ Joisted Masonry, __ Noncombustible, __ Masonry Noncombustible
 Age: _____ Sq ft: _____
 CURRENT INSURED VALUE OF BUILDING: \$ _____ CURRENT INSURED VALUE OF PERSONAL PROPERTY: \$ _____

Are most of the locations fenced? Yes No

Additional coverage limits

Business Income \$ _____ Extra Expense \$ _____ Earthquake \$ _____ Flood \$ _____ Computer \$ _____
 Contractors Equipment: Please attach schedule, Deductible \$ _____ Leased/Rented Equipment \$ _____

EQUIPMENT BREAKDOWN

Do you have submersible pumps below 50 ft? Yes No

If yes, indicate horsepower: _____ hp

a. Is a preventative maintenance program or annual service contract in place with a well pump operation firm? Yes No

b. Please indicate (if any) the services performed on deep water pumps: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Sampling of pump discharge for sediments | <input type="checkbox"/> Bearing lubrication |
| <input type="checkbox"/> Motor amperage draw | <input type="checkbox"/> Routine checks of all packing glands |

LIABILITY COVERAGE LIMITS

General Liability: \$ _____ Occurrence, \$ _____ Aggregate, \$ _____ Deductible

Employee Benefits: \$ _____ Occurrence, \$ _____ Aggregate

Wrongful Acts/Professional: \$ _____ Occurrence, \$ _____ Aggregate, \$ _____ Deductible

Excess Liability: \$ _____

WATER SYSTEMS

1. What is the water source of Wells: _____% River: _____% Interconnection: _____% Other(specify): _____%
2. Annual distribution in gallons: _____ Maximum annual capacity: _____
3. Composition of pipe: Plastic: _____% Cast Iron: _____% Asbestos: _____% Lead: _____% Other(specify): _____%
4. Number of users: Residential: _____ Commercial: _____ Industrial: _____ Agricultural: _____
5. Are you responsible for any dams? Yes No
****If yes to dams, please complete the PHLI Dam Supplemental Application**
6. Number of miles of pipe: _____
 - a. Approximate percent of waterlines less than 8-inch diameter: _____%
 - b. What is the age of the oldest waterline: _____
 - c. Miles of the oldest waterline: _____
 - d. Number of miles of irrigation ditch: _____
7. How often are water mains/lines flushed: _____
8. Please describe the leak detection, the maintenance program, and replacement program:

9. Is the system fully computerized? (i.e., SCADA) Yes No
10. Have there been any violations of the Safe Water Drinking Act in the last five (5) years? Yes No
If yes, please provide details and indicate if the system is now in compliance or when it will be:

WASTEWATER UTILITY

1. Number of utility users: Residential: _____ Commercial: _____ Industrial: _____
2. What type of facility is operated: Treatment plant Lift Stations Pumps
3. Type of treatment facility: Primary Secondary Tertiary
4. Processing Method: Lagoon Activated sludge Oxidation ditches
 Micro-filtration using membrane bioreactors Sequencing batch reactors
 Other
(describe): _____

5. Do you maintain sewage disposal plants? Yes No

6. How is influent input monitored for toxic or hazardous waste (describe):

7. What is done with residual by-product/sludge?

8. Have you ever been fined, received a citation, or have a pollution event? Yes No

If yes, please explain: _____

9. How old is the Applicants system? _____ Year of last upgrade: _____

10. a. Number of miles of sewer line: _____ Storm: _____ Sanitary: _____

b. Are storm sewer separate from sanitary sewers? Yes No

11. a. Maximum capacity (mgd): _____ Current usage (mgd): _____

b. Number of operational sewer taps: _____ Number of available taps: _____

12. Is regular maintenance performed: Yes No

Please provide a detailed description of the Applicant's maintenance program:

13. If there a replacement program in place? Yes No

If yes, please provide details:

14. How often are sewer mains/lines inspected by line cameras? _____

15. How often are sewer mains/lines cleaned? _____

COMMERCIAL AUTOMOBILE

Automobile Limits: Liability \$ _____, Medical Payments \$ _____, PIP \$ _____, Uninsured/Underinsured \$ _____

Deductible Comprehensive \$ _____ and Collision \$ _____

1. Do you have a routine maintenance program for all vehicles? Yes No

2. Do you obtain Motor Vehicle Reports (MVR) on ALL employees: Yes No

If Yes, When? At time of hire Annually Randomly (based on accidents or suspicions)

3. Do you provide safety courses? Yes No

Automobile schedule: <u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Cost New</u>	<u>VIN#</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

EMPLOYMENT PRACTICES LIABILITY

Employee Practices Liability Limits: \$ _____ Occurrence \$ _____ Aggregate Deductible \$ _____

1. Retro Active Date: _____
2. Total number of employees, including directors and officers (all locations):
Full-Time: _____ Part-Time: _____ Temporary: _____ Leased: _____
3. Annual employee turnover rate of the last year? _____%
4. How many employees have been involuntarily terminated in the past year? _____
5. Do you have any EEOC or NLRB charges from current or former employees or their attorneys in the past five (5) years?
 Yes No ****If yes, please provide complete details on a separate sheet.**
6. Do you have any lawsuits, mediations, arbitrations, or negotiated settlements entered into with any proposed, current or former employees of the Applicant in the past five (5) years?
 Yes No ****If yes, please provide complete details on a separate sheet.**
7. Are you aware of any incidents or circumstances, which might give rise to a claim under this policy?
 Yes No ****If yes, please provide complete details on a separate sheet.**

Claim(s) arising from any facts, circumstances or situations mentioned in 5, 6, or 7 above are excluded from coverage

8. Do you have a written employee handbook? Yes No
9. Do you have a hiring and firing policy? Yes No
10. Do you provide employee benefits? Yes No
11. Do you have the following written policies: (check all that apply)
 Anti-sexual harassment Anti-harassment (non-sexual) Family medical leave
12. Does your anti-harassment policies provide: (check all that apply)
 Confidential reporting process Protection for employees making a complaint An alternate reporting of allegations

COMMERCIAL CRIME

Employee Theft \$ _____, Forgery or Alteration \$ _____, Theft of Money & Securities (Inside & Outside) \$ _____

Computer Fraud \$ _____, Funds Transfer \$ _____, Deductible \$ _____