

Name of Insured	Proposed Effective Date
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**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? ..... Yes No  
*If yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct the problems(s):*
  
4. Do you have a performance standard responding to consumer complaints? ..... Yes No  
*If yes, what is the performance standard?*
5. What type of exposure(s) do you have? ..... Treatment Distribution

**TREATMENT/DISTRIBUTION FACILITY**

6. a. Water Sources: Surface Ground Another utility Other:
  - b. Is the water source subject to any interruption? ..... Yes No  
*If yes, please describe:*
  - c. Number of dams: .....  
*(If any, please complete the dam supplement.)*
7. Describe the disinfection method used in the treatment process:  
 Chlorine Sodium Hypo Chloride Calcium Hypo Chloride Other:  
*If gaseous chlorine is used, indicate tank size and capacity:*
8. Is there a documented emergency response plan? ..... Yes No  
*If yes, does it include:*
  - a. Hazardous material response procedures? ..... Yes No
  - b. Natural disaster (weather, earthquake, etc.) mitigation? ..... Yes No
  - c. Alternative power sources for critical equipment? ..... Yes No
  - d. Inventory of spare parts for critical equipment? ..... Yes No
  - e. Alternative water sources? ..... Yes No
9. Is a Supervisory Control and Data Acquisition (SCADA) system used in the operation of your utility? ..... Yes No  
*If no, how is the system monitored?*

**DISTRIBUTION LINES**

10. Enter the miles of line for the following grid:

	PVC	Ductile Iron	Other
0-5 years			
6-10 years			
11-20 years			
over 20 years			

11. Do you have a cross-connection control program? ..... Yes No
12. Do you document inspections, preventive maintenance and repairs? ..... Yes No

**CAPITAL IMPROVEMENT PLAN**

13. Is there a capital improvement plan?..... Yes No
- If yes:*
- a. Are provisions included for plant capacity?..... Yes No
- b. Are provisions included for line maintenance? ..... Yes No

**FAILURE TO SUPPLY**

14. 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
15. Percentage of customer base:
- a. Residential .....
- b. Contractor .....
16. Do you have redundant supply lines, looped distribution systems or backup power supply for your utility? ..... Yes No
17. 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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