

JWF Specialty

a division of **EPIC**[®]

| | |
|---------------------|------------------------|
| Entity Name: | Effective Date: |
|---------------------|------------------------|

| <u>ELECTRIC UTILITY</u> | | | |
|---------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1. Number of users: | Industrial: | Commercial: | Residential: |
| 2. Annual Payroll: \$ | | | |
| 3. Are all locations protected: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Fenced | <input type="checkbox"/> Lighted <input type="checkbox"/> Alarms <input type="checkbox"/> Other |
| 4. Any PCB transformers? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many? |
| 5. Who is responsible for inspecting operations? | | | How frequent? |
| Do you document inspections, maintenance and repairs? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Who monitors and checks regulation flow? | | | |
| 7. Number of miles of distribution line: | | Underground: | Overhead: |
| 8. Describe pole and line maintenance: | | | |
| 9. What type of exposure do you have? | | <input type="checkbox"/> Generation | <input type="checkbox"/> Distribution |
| Advise the source of power: | <input type="checkbox"/> Fossil Fuel | <input type="checkbox"/> Hydro-electric | <input type="checkbox"/> Nuclear |
| Total daily capacity: | | Peak daily demand: | |
| 10. Describe consumer complaint procedure: | | | |
| 11. Is electricity provided to neighboring communities? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe: | | | |

JWF Specialty

a division of **EPIC**[®]

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 12. Are buildings and equipment secured with lightning arrestors and surge protectors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Is there a documented emergency response plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, does it include natural disaster mitigation and inventory or spare parts for critical equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Have you ever been cited or fined for non-compliance with federal or state requirements (including FAA regulations on pole height)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide details: | | |
| 15. Do you use subcontractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please advise on the following: | | |
| a. Are sub-contractors required to carry limits of insurance equal to your limits of liability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are certificates of insurance obtained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are hold-harmless agreements required from sub-contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you named as an additional insured under the sub-contractor's policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Please advise duties handled by subcontractors: | | |
| 17. Failure to Supply | | |
| a. If Failure to Supply coverage is requested, please indicate coverage limit | | \$ |
| b. Percentage of Customer Base: | Residential: % | Commercial: % |
| c. Do you participate in a regional grid or power pool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Have you had any losses from major interruptions (24 hours or more) in the past 36 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please describe: | | |
| e. Do you have a comprehensive, written emergency contingency plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |