

JWF Specialty

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Entity Name:	Effective Date:
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<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:			

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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