

Entity Name:	Effective Date:
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<u>GAS UTILITY</u>	
1. Annual Payroll:	
2. Number of users:	Industrial: Commercial: Residential:
3. Advise if gas is:	<input type="checkbox"/> Produced <input type="checkbox"/> Purchased/Resold Purchased from:
4. Who is responsible for the leakage survey?	Frequency?
Date last survey was completed:	
5. Briefly describe the procedure of leakage survey:	
Describe repair procedure:	
6. Year original system was installed:	Date of last corrosion survey:
7. Describe main service replacement program:	
Are new lines hydrostatic tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are records on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Who is responsible for odorization?	
Are monthly checks made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe type of odorization system used:	
9. Does gas system have high and low pressure warning devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are devices constantly maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are pressure records kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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10. Who installs main extensions?	Who installs services?	
11. Are there facilities, including Liquefied Natural Gas (LNG), for above or below ground gas storage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Is there a documented operator qualification program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please describe training / certification plan:		
13. Is there a documented emergency response plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it include natural disaster mitigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it include inventory of spare parts for critical equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Does the gas company maintain a customer complaint log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Has the operation ever been cited or fined for non-compliance with required standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		
16. Please provide list of duties performed by subcontractors:		
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

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d. Are you named as an additional insured under the sub-contractor's policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 have redundant supply lines, looped distribution systems, or backup power supply for your utility?	<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:		

Please provide reports from the Department of Transportation (DOT) – Form RSPA F 7100.1-1 for the past 3 years.