



**UTILITIES SUPPLEMENTAL APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER OR **PELEUS INSURANCE COMPANY**, A SURPLUS LINES INSURER.

Entity Name	Date
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**WATER UTILITIES**

Water Treatment     Distribution    or     Both Treatment and Distribution

Payroll (less Clerical): \_\_\_\_\_ # of Users: \_\_\_\_\_

Failure to Supply Requested:  Yes  No    If Yes, Failure to Supply Limit: \_\_\_\_\_

		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a recent Annual Water Quality report available upon request?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary/Emergency Water Supply (alternate source if primary source is impaired)?	Describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you subcontract any maintenance, installation or other operations?	Describe Contracted Operations:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use hold harmless agreements with contractors?	

**SEWER UTILITIES**

Sewage Treatment     Sewage Collection    or     Both Treatment and Collection

Sewer Backup Limit: \_\_\_\_\_

Payroll (less Clerical): \_\_\_\_\_ # of Users: \_\_\_\_\_    Sewer Backup Deductible: \_\_\_\_\_

		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has system ever been cited or fined for non-compliance with required standards?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Local ordinance in place requiring grease traps?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Program in place for inspections and cleaning in areas with historical or known issues?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Line inspections are documented?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you subcontract any maintenance, installation or other operations?	Describe Contracted Operations:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use hold harmless agreements with contractors?	

**ELECTRIC UTILITIES**

Distribution     Generation    or     Both Distribution and Generation

Payroll (less Clerical): \_\_\_\_\_ # of Users: \_\_\_\_\_

Failure to Supply Requested:  Yes  No    If Yes, Failure to Supply Limit: \_\_\_\_\_

		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does electric utility generate electricity as well as distribute? <b>If so, please provide breakdown:</b> Generation: _____% Distribution: _____%	
		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fenced?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there warning signage at all locations?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Part of Regional grid or power pool?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contingency includes alternative supplier?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you responsible for pole and line maintenance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you subcontract any maintenance or operations?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use hold harmless agreements with contractors?	
<b>Additional Comments:</b>		

**GAS UTILITIES**

Gas Producer     Gas Distributor    or     Both Gas Producer and Gas Distributor

Payroll (less Clerical): \_\_\_\_\_ # of Users: \_\_\_\_\_

Failure to Supply Requested:  Yes  No    If Yes, Failure to Supply Limit: \_\_\_\_\_

		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entity perform residential gas hookup?	Describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you subcontract any maintenance or operations?	Describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use hold harmless agreements with contractors?	

**REQUIRED**

Please attach the most recent DOT Gas Leakage Reports (Form RSPA F 7100.1-1)

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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