

ELECTRIC UTILITY SUPPLEMENTAL APPLICATION

Named Insured: _____

Address: _____

City: _____ County: _____ State: _____ ZIP Code: _____

Effective Date: From: _____ To: _____

Date Quote is Needed: _____

Describe All Operations of Insured:

Rural Electric Coop Public Utility Electric Municipality Power Generator

Distribution of Power

Generation & Transmission Gas

Erection of Poles or Towers Line Maintenance

Underground Cable Stringing High Tension Wires

Does Cooperative Have Any Subsidiary Operations Yes No

If Yes – List all Legal Entities here AND Complete the Subsidiary Operation Information Section on Page 6

Date of Cooperative Board Meeting: _____

***IMPORTANT: The attached applications and required schedules are to be completed in their entirety.**

Application Prepared by: _____ Date: _____

GENERAL INFORMATION

A. Subcontractors

1. Describe any work performed by subcontractors:

2. Certificate of Insurance

- Does Insured obtain and have on file? Yes No
- Does Certificate evidence:

Minimum Liability Limits of \$1,000,000? Yes No

Workers' Compensation Coverage? Yes No

3. Are Indemnification and Hold Harmless Agreements received from all subcontractors? If so, please submit copies. Yes No

B. Loss Control and Prevention

1. Does the Insured have a Safety Program? Yes No

2. Person assigned to maintain and administer Insurance Matters:

Name: _____

Title: _____ Phone #: _____

3. Person assigned to maintain and administer Insurance Claims:

Name: _____

Title: _____ Phone#: _____

4. Does the Program provide or require the following?

a) In house and outside training for employees? Yes No

b) Documented accident files? Yes No

c) Annual MVR evaluations for vehicle operators? Yes No

d) Weekly vehicle inspections with documentation? Yes No

e) Daily equipment and tool inspections? Yes No

f) Pre-employment physicals every 3 years for field employees? Yes No

g) Mandatory seat-belt policy for all employees traveling on company business?

Yes No

h) Drug testing for all employees? Yes No

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- i) **Equipment Inspections and Testing:** Yes No
- j) **Substations:**
 - *Are substations fenced, locked, grounded?* Yes No
 - *Are warning signs posted?* Yes No
 - *How often are substations inspected?* _____
- k) **Bucket Trucks, Aerial Equipment:**
 - *How often is equipment inspected?* _____
 - *How often is structural and dielectric testing performed?* _____
- l) **Rubber Gloves:**
 - *Do employees inspect and air test prior to use?* Yes No
 - *Are leather protectors worn over rubber gloves?* Yes No
 - *How are rubber gloves stored?* _____
 - *How often are gloves electrically tested?* _____
- m) **Power Lines and Poles:**
 - *Does the Insured perform regularly scheduled inspections on overhead lines systems?* Yes No
 - *If yes, how frequently?* _____
 - *Document all overhead line inspections?* Yes No
 - *Perform regularly scheduled testing on poles?* Yes No
 - *If yes, what method(s) is used?* _____
 - *Document all pole testing?* Yes No
 - *Maintain a right-of-way clearing schedule?* Yes No

C. SCHEDULE OF EXISTING INSURANCE

CARRIER	COVERAGE	LIMITS	PREMIUM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Automobile Liability and Physical Damage

Coverage	Standard Limit	Optional Limit
Liability	\$1,000,000 CSL	No Options Available
Hired Car—Non Owned	\$1,000,000 CSL	No Options Available
Uninsured Motorist	\$1,000,000 min	\$ _____
Medical Payments—Priv. Pass.	\$1,000	\$ _____
Personal Injury Protection	Statutory	\$ _____

Physical Damage	Optional Deductible
Comprehensive	\$1,000 Deductible (min) No Options Available
Collision	\$1,000 Deductible (min) No Options Available

1. Indicate applicable numbers:

Private Passenger: ____ Commercial Trucks: ____ Trailers: ____

State	Classification	Code No.	Estimated Annual
Remuneration	Electrical Light-Power		\$ _____
	Clerical Employees		\$ _____
	Sales – Outside		\$ _____

Subsidiary Operations:		
Code	Description:	Estimated Payroll
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

E. Commercial General Liability

1. Payrolls:

Outside payroll \$ _____ Total Payrolls \$ _____

2. Consumers: Residential _____
Industrial _____

3. Gross Revenue \$ _____
Less Cost of Power \$ _____
Equals Net Revenue \$ _____

4. Miles of Power Lines:
Distribution Lines: _____ Miles Above Ground _____ Miles

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Underground: _____ Miles Transmission Lines _____ Miles

5. **Does Insured own any vacant land?** Yes No

If yes, indicate planned use: _____ Number of Acres

6. **Does Insured own any dams?** Yes No

If yes, please provide the following information and full inspection reports & updates:

- Description of Facility – Irrigation, Power Generation, Flood Control
- Plot Plan or Diagram of the site/project if available
- Dam Specifications (material, dimensions, age, hazard rating)
- Information on the hazard rating and spillway adequacy (downstream exposure)
- Status of plans for completing any outstanding condition or safety recommendations.
- FERC Report

7. **Describe any owned or leased watercraft and use:** _____

Vessels to be insured:

Make	Model	Length	Cost New	Serial Number

Describe any owned or leased Aircraft and use: _____

If Insured Elsewhere Please Provide Carrier Name: _____

FINANCIAL STATEMENTS - REQUIRED FOR ALL NEW BUSINESS SUBMISSIONS

F. Subsidiary Operations:

List all Subsidiaries Below

Provide Sales and Payroll for each Operation of each Subsidiary.

Propane Operations are excluded from coverage and must be placed separately.

Name of Subsidiary : _____

Description of Operations: _____

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Name of Subsidiary : _____

Description of Operations: _____

Name of Subsidiary : _____

Description of Operations: _____

Class / Description	Sales	Payroll
Appliance Sales	\$	\$
Electrical Equipment Distributor	\$	\$
Heating & Air Conditioning Installation	\$	\$
Cable TV / Satellite Dish Installation	\$	\$
Alarm / Security Systems Installation	\$	\$
Alarm / Security Systems Monitoring	\$	\$
Internet Services	\$	\$
	\$	\$
Other:	\$	\$
	\$	\$
	\$	\$

J. Umbrella Liability

Limit of Liability desired: _____

Employers' Liability: Please furnish following information:

Insurance Company: _____

Policy No: _____ Policy Term: _____ To: _____

Employers Liability Limit: \$ _____

Name of Insurance Company to which Application is made (herein called the Company)

RURAL ELECTRIC COOPERATIVE COMMERCIAL POLLUTION LEGAL LIABILITY APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY

COVERAGE A - ON-SITE CLEAN-UP OF POLLUTION CONDITIONS

COVERAGE B - LEGAL LIABILITY FOR POLLUTION CONDITIONS

This application requires that each location be identified in the application process and that a contact person(s) be provided for any or all locations. Please make a copy of this portion of the application for each location to be insured and complete each as a separate description of each location.

The applicant is responsible for obtaining and reviewing for accuracy existing records regarding the environmental history of each location necessary in order to answer any of the questions in this application, whether such records are in the applicants's possession, available from a third party or in the public domain.

LOCATION: _____ CONTACT PERSON: _____

Please provide any Environmental Surveys/Audits conducted on behalf of any entity requesting coverage that have been completed within the past three years along with the completed original signed and dated application.

NOTE: For the purposes of Question 1. "YOU" includes the Corporation, Entity, or Partnership of the applicant and any Director, Officer or Partner thereof.

1. A. HAVE YOU DURING THE PAST FIVE (5) YEARS HAD ANY REPORTABLE RELEASES OR SPILLS OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE OR ANY OTHER POLLUTANTS, AS DEFINED BY APPLICABLE ENVIRONMENTAL STATUTES OR REGULATIONS?

NO YES IF YES, DESCRIBE IN DETAIL:

B. HAVE YOU DURING THE LAST FIVE (5) YEARS BEEN PROSECUTED, OR ARE YOU CURRENTLY BEING PROSECUTED, FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE OR THREATENED RELEASE FROM THE LOCATION OF A HAZARDOUS SUBSTANCE, HAZARDOUS WASTE OR ANY OTHER POLLUTANT?

NO YES IF YES, DESCRIBE IN DETAIL:

C. LIST ALL CLAIMS MADE AGAINST YOU DURING THE PAST FIVE YEARS FOR CLEANUP OR RESPONSE ACTION, "TOXIC TORT" OR OTHER BODILY INJURY, OR PROPERTY DAMAGE, RESULTING FROM THE RELEASE OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE, OR OTHER POLLUTANTS, FROM

THIS LOCATION OR OTHER LOCATIONS OWNED OR OPERATED BY YOU, INTO THE ENVIRONMENT. PROVIDE A BRIEF DESCRIPTION OF THE CLAIM(S) AND ITS DISPOSITION. IF NONE, SO STATE.

D. AT THE TIME OF THE SIGNING OF THIS APPLICATION, DO YOU KNOW OF ANY FACTS OR CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO RESULT IN A CLAIM OR CLAIMS BEING ASSERTED AGAINST YOUR COMPANY FOR ENVIRONMENTAL CLEANUP OR RESPONSE, OR FOR BODILY INJURY OR PROPERTY DAMAGE ARISING FROM THE RELEASE OF POLLUTANTS INTO THE ENVIRONMENT?

NO YES IF YES, DESCRIBE IN DETAIL:

2. **GENERATION FACILITIES** - List any locations where electrical power is being generated, either by coal, gas, nuclear, hydroelectric or other means (attach additional sheets if necessary), or check here NONE (All generation facilities will be excluded for coverage on CPLL form. Additional applications may be requested for providing coverage on Generating exposure listed above)

3. **STORAGE TANKS** - Provide information regarding all Aboveground Storage Tanks (AST's). Complete information regarding Underground Storage Tanks (UST's) only if scheduled UST coverage is requested.

ABOVEGROUND AND UNDERGROUND STORAGE TANK SCHEDULE

	1	2	3	4	5
Tank #					
Tank Location					
Install Date Year					
Capacity (Gallons)					
Contents					
Tank Construction Material					
AST Diking/Base Construction Material					
Tank Leak Detection					

*In addition, please provide a copy of the most recent tank tightness testing for any UST's.

4. **TRANSPORTATION COVERAGE** - *Optional*: only complete this section if transportation coverage is requested

Provide the following information regarding first- and third party exposures:

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a) First-Party

- Number of Automobiles
- Average Mileage Per Trip
- Cargo Type (bulk, container or mixed)
- Cargo Hazard
- Safety Procedures
- Vehicle Maintenance
- Loss History
- MVR & Driver Selection

b) Third-Party

- Number of third-party carriers used
- Copies of their certificates of insurance
- Average number of shipments per year
- Average trip distance
- Types of cargo hauled
- Sample contract

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

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NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

If an order is received, the application is attached to and becomes part of the policy. It is necessary that all questions be answered in detail.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

APPLICANT _____

DATE _____

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APPLICANT

(print name & title)

BROKER

(print name of firm)

(address of brokerage firm)

(contact person & telephone #)

DATE _____