



Utility Program Questionnaire and Survey Form

The UtilitySure Program recognizes and pays close attention to the unique exposures of Gas Utilities, addressing these exposures in a comprehensive manner. Underwritten only with quality carriers, the program is designed to accommodate the risk management needs of utility services.

Note: Please provide Acord applications with completed portions of the UtilitySure program questionnaire and survey form for those coverages desired. Please indicate where no coverage is desired. This form will allow the agent/broker to identify exposures and provide the necessary information to effectively underwrite and competitively price the coverage.

PLEASE TYPE OR PRINT LEGIBLY

NAMED INSURED: _____

Bid Situation: YES NO Bid Date: _____ Date Quote is Needed: _____

Is the Applicant a member of the American Public Gas Association YES NO

Please Check Utility Operation Requested for Quoting

<input type="checkbox"/> Natural Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Other
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New Business Submission Requirements:

- Completed Acord application for each line of coverage desired
- Completed UtilitySure Supplemental Questionnaire and Survey form
- DOT Reports for past 3 years
- Leak Survey for past 3 years
- Currently Valued Company Loss runs for past 5 years

NATURAL GAS UTILITY

1. Ownership structure of Gas Utility is (complete applicable section).

corporation - list names and titles of officers and whether or not active in business _____

municipally-owned utility or Utilities Board - give name of manager: _____

municipally or public-operated Utility District - give name of manager: _____

private or investor Utility System - give name of manager: _____

2. The entity described in 2. above also operates the following:

water utility

electric utility

other municipal operations

sewer utility

telephone utility

own/operation natural gas wells

underground storage tank

caverns used for underground storage

Other _____

3. Gas Utility ties on to supplier's lines at a safe fenced location and not congested? YES NO

4. Is odorizing station at same place as tie in on the supplier's line? YES NO

5. Gas Utility odorizes gas with _____ at a rate of _____ part(s) per _____ part(s) gas.

6. Are all regulator stations fully fenced or protected from vehicle damage? YES NO

7. Are all tanks at regulator stations protected from vehicle damage? YES NO

8. Are tank valves at regulator stations locked? YES NO

9. Gas Utility was originally installed in _____ (year).

10. The pipe in the Gas Utility has been in service as follows:

____% of the pipe has been in service for 0-10 years

____% of the pipe has been in service for 11-15 years

____% of the pipe has been in service for more than 15 years

100% TOTAL

11. If cast iron or bare unprotected steel pipe is in your system, provide a brief description of protection or replacement program.

12. Does Gas Utility operate or own a LPG or LNG peak-shaving plant? YES NO

If YES, complete the following:

a. Location of peak-shaving plant(s) _____

b. Gallon capacity of each _____ w.g. _____ w.g. _____ w.g. _____ w.g.

c. Surrounding exposure for each:

North _____, South _____

West _____, East _____

13. Does Gas Utility sell household appliances? YES NO

If YES, answer the following:

a. Address of store _____

b. Area of store _____ sq. ft.

c) Amount of appliance sales in last fiscal period: \$ _____

d) Do ALL contracts with product manufacturers have a hold harmless clause in your favor? YES NO

e) Is the Utility named as "Additional Insured – Vendor" on all of the manufacturers' policies? YES NO

14. Description of any types of appliances or products discontinued? _____

15. Does Gas Utility install, repair and/or service appliance or do any other work beyond the customer's meter? YES NO

a) If YES, please describe _____

b) Who does the work? Utility Employees Subcontractor (If subcontractor, see related question #17)

c) If Utility employees do the work and their sole job is installing/servicing/repairing appliances, what is the amount of their projected payroll? \$ _____

e) Describe leak/pressure testing methods and documentation program: _____

16. Does the Utility install any appliances purchased from sources other than the Utility? YES NO

17. Are any subcontractors hired? YES NO

a) If YES, describe for what types of work: _____

b) Do you require certificates of insurance? YES NO (attach a copy of certificate)

c) Do you require hold harmless clauses in your favor from all subcontractors? YES NO

d) What limit of liability is required on the subcontractor's certificates of liability? \$ _____

e) What is the projected annual cost of contract(s)? \$ _____

f) Does the insured use a standard contract for all subcontracting operations? YES NO

Please provide a copy of the insurance specifications page of the contract.

CURRENT & FUTURE (3-5 yrs out) PIPELINE CONSTRUCTION PROJECTS PLEASE PROVIDE THE FOLLOWING:

(Projects slated to start in the next 12 months should be contemplated in the total cost for subcontracting noted above)

Description, including type of customers (residential/commercial) and # of potential hook ups	Subcontracted/Performed by Insured Employees	New or Replacement Construction	Wrap up Policy in place	Miles of Pipeline	PSI	Projected Start/End Date

*Use separate sheet if needed

18. Describe any other operation conducted at any other location: _____

19. Service lines and meters are installed as needed by _____

20. Gas main service maintenance and repair calls are made by _____

21. Emergency calls are received by _____ on an _____ hour-per day basis, _____ days per week.

22. What action is taken when a customer calls with a leak complaint? _____

23. Malodorant is checked at intervals of _____ days by _____
24. Describe your leak survey program and documentation for transmission line and customers (commercial & residential):

Who does the work? _____

25. The last Gas Leakage Survey was completed in _____ by _____
 using the following method(s): _____

Forward the summary page of last leakage survey for each of last three years. A sample form is attached if needed.

26. What leakage detection methods are used by Gas Utility in between or in lieu of, professional leak detection surveys?

27. Send copy of last three (3) years of Department of Transportation Report - DOT - RSPA Report F-7100-1-1.

28. The Gas Utility's annual sales are broken down as follows:

TYPE OF CUSTOMER	NO. of SERVICES	AMOUNT OF GAS SOLD	GROSS RECEIPTS (REVENUES)
Residential		MCF*	\$
Commercial		MCF	\$
Interruptible		MCF	\$
Unmetered		MCF	\$
TOTALS		MCF	\$

* Thousand cubic feet

29. Current unaccounted-for gas amounted to _____% of the total amount of gas purchased by the Gas Utility in the latest fiscal year (if more than 3%, explain in detail on a separate sheet).
30. The Gas Utility has a total of _____ employees.
31. Provide annual payroll in the following categories below, excluding payroll for Mangers/Supervisors whose duties are inside the office and clerical employees:

- A.) Prior Year Payroll: \$ _____
- B.) Prior Year Straight Overtime* (do not include in A.): \$ _____
- C.) Projected Payroll: \$ _____
- D.) Projected Straight Overtime* (do not include in C.): \$ _____

The Total of C) and D) will be the ratable payroll.

*The extra pay for overtime shall be excluded from the payroll on which premium is computed as indicated in (1) or (2) below, provided the insured's books and records are maintained to show overtime pay separately by employee and in summary by classification.

(1) If the records show separately the extra pay earned for overtime, the entire extra pay shall be excluded.

(2) If the records show the total pay earned for overtime at time and a half (regular pay plus overtime pay) in one combined amount, 1/3 of the overtime pay shall be excluded. If double time is paid for overtime and the total pay for such overtime (regular pay plus overtime pay) is combined, 1/2 of the overtime pay shall be excluded.

32. Is there any interchange of labor between the Gas Utility and ANY other operation? YES NO
 If YES, describe in detail: _____

33. Are any types of leak-detection equipment sold currently or in the past? YES NO
 a) If yes, describe _____
 b) What other types of products are currently sold? _____
 c) Amount of sales by product(s) last fiscal period? \$ _____
34. Do you have any customers that are on an uninterruptible basis? YES NO
 a) If yes, please list these customers and type (if any) of power backup source for each: _____

35. Does the Gas Utility own or operate any watercraft or aircraft? [] YES [] NO If YES, give description of the craft, extent of operation by the Utility, purpose for which operated, and full details of coverage now provided for that craft. _____

36. If coverage for Water and/or Sewer is to be included, please complete the following:
 a) Payroll for water employees who work outside the office \$ _____
 b) Payroll for sewer employees who work outside the office \$ _____
 c) How many miles of sewer lines are in the system? _____
 d) Provide copy of environmental water bacterial tests for the past 3 years.
 e) Do wastewater treatment facilities with enclosed systems have UL-approved venting pumps? YES NO
 f) Do you have any dams and/or reservoirs? YES NO (If yes, provide current inspection reports.)
 g) Do you have a separate pollution policy for Water Utility Operations? YES NO
37. Has an insurance company cancelled or declined renewal? YES NO If YES, explain: _____

SIGNATURE IS REQUIRED:

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

FLORIDA ONLY:

Producer Name: _____ License #: _____

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 OF THE THIRD DEGREE."

MAINE ONLY:

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."

EXHIBIT V

LEAKAGE SURVEY RECAP

Insured: _____

Policy/Account Number: _____

Date(s) Surveyed: _____

SCOPE

Miles of pipeline inspected _____

Percent of system inspected _____

Number of services inspected _____

Percent of total services _____

RESULTS

Number of leaks detected _____ Number of leaks repaired _____

Number pipeline leaks _____

Number service leaks _____

Number grade 1 (C) leaks _____

Number grade 2 (B) leaks _____

Number grade 3 (A) leaks _____

CLASSIFICATION METHOD

Grade 1 leaks: 75% to 100% CGI

Grade 2 leaks: 15% to 75% CGI

Grade 3 leaks: 0% to 15% CGI

FORMS/LEAKSURV.PG