

Applicant's Representative	<input type="checkbox"/> New application
Address	<input type="checkbox"/> Renewal of policy number
Effective date	

① **Name of applicant and subsidiaries** (List only qualified self-insureds.)

② **Is any electrical power generated?** yes no If "yes," complete the following

- A. Amount generated as a percentage of total consumption
- B. Power source water coal oil gas nuclear
- C. Own or maintain dams coal mines oil/gas field pipelines
- D. Power plants cooled by hydrogen water oil
- E. Does applicant subcontract any of the above operations? yes no If "yes," explain.

Are certificates of workers' compensation coverage obtained from all subcontractors? yes no

Does applicant agree to provide copies of certificates to excess carrier on demand? yes no

③ **Do employees construct, repair or maintain electrical power lines?** (Includes excavation, the setting of poles, stringing of wires, installation of circuit breakers and transformers on poles and laying of underground cables.) yes no If "yes," explain.

A. Does applicant subcontract any of the above operations? yes no If "yes," explain.

Are certificates of workers' compensation coverage obtained from all subcontractors? yes no

Does applicant agree to provide copies of certificates to excess carrier on demand? yes no

④ **Provide total number of customers** commercial/industrial residential

⑤ **Complete the following**

EMPLOYEE DUTIES	PAYROLL	NO. OF EMPLOYEES
A. Store employees, meter readers, drivers and administrative staff		
B. Operate, maintain or supervise equipment and facilities associated with the generation/distribution of power		
C. Power line construction		
D. Power line repair and maintenance		
E. Other (list duties)		
Total		

⑥ **Comments**

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Applicant's Representative **Applicant Signature**

Date **Title**