

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

Entity Name	Date
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WATER UTILITIES

<input type="checkbox"/> Water Treatment <input type="checkbox"/> Distribution or <input type="checkbox"/> Both Treatment and Distribution Payroll (less Clerical): _____ Failure to Supply Requested: <input type="checkbox"/> Yes <input type="checkbox"/> 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

<input type="checkbox"/> Sewage Treatment <input type="checkbox"/> Sewage Collection or <input type="checkbox"/> Both Treatment and Collection Payroll (less Clerical): _____ Sewer Back Limit: _____ 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): _____ 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? If so, please provide breakdown: 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?	

Additional Comments:

GAS UTILITIES

Gas Producer Gas Distributor or Both Gas Producer and Gas Distributor
 Payroll (less Clerical): _____ 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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