

a B&W company

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

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. _____

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.

Name of Applicant and subsidiaries _____

Applicant's Representative's Signature: _____
 (Please type name, title, and company of submitting broker on signature line above)

Date: _____