SAFETY NATIONAL
Casualty Corporation

a DELPHI company

ELECTRICAL EXPOSURE SUPPLEMENTAL APPLICATION
(Required if any payroll assigned to Electric Light or Power Co. NOC – all employees & drivers)

Applicant's Representative _____	☐ **New application**
Address _____	☒ **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. _____

    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: _____