

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s): City of Longview		Today's Date: 04/23/2020
Proposed Effective Date (mm/dd/yyyy): 10/1/2020	Proposed Expiration Date (mm/dd/yyyy): 9/30/2021	

UTILITY TYPE INFORMATION

<i>Utility Type:</i>	<i>Sewer</i>	<i>Water</i>	<i>Electric</i>	<i>Gas</i>	<i>Telecom</i>
Annual Payroll (excluding clerical)		\$1,018,987.48			

GENERAL QUESTIONS (Check if Yes)	<i>Sewer</i>	<i>Water</i>	<i>Electric</i>	<i>Gas</i>	<i>Telecom</i>
Are sub-contractors required to carry limits of insurance equal to your limits of liability?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are certificates of insurance obtained?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hold-harmless agreements required from sub-contractors?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you named as an additional insured under sub-contractors policy?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any contracts in place with any existing customers in which you are assuming liability to supply a service or product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have performance standards for responding to consumer complaints? (if yes, please describe in the next line)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

all calls/issues tracked in CityWorks

Is there a documented training program? (If no, please describe training/certification plan in the next line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is a Supervisory Control and Data Acquisition (SCADA) system used in the operation of your utility? If no, how are your systems monitored (below)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SALES, INSTALLATION, or REPAIR SERVICES (Check if Yes)

Are there service plans, sales, installation or repair services of any kind?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual payroll (for service plan, sales, installation or repair services)	3557997				

PLANT OPERATION

Are buildings and equipment secured with lightning arrestors and surge protectors?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is there a documented emergency response plan maintained, practiced and understood by all employees that includes:

a. Natural disaster (weather, earthquake, etc.) mitigation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inventory of spare parts for critical equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hazardous material response procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Alternative power sources for critical equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Alternative energy or water sources	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utility Type:	Sewer	Water	Electric	Gas	Telecom
Do you document inspections, preventative maintenance, and other repairs?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there property security protection for the buildings and areas providing your product or service?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Capital Improvement Plan

Is there a capital improvement plan?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Are provisions included regarding plant capacity?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are provisions included for line maintenance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Complete the following: Percentage of customer base:

- a. Residential **64.4** %
- b. Commercial **7.5** %

2. Have you had any losses from major interruptions (24 hours or more) in the past 36 months? Yes No
 If yes, please describe: **losses from storm damage**

3. Are alternative suppliers available to help meet demand if you are unable to supply services? Yes No
 If yes, what is the percentage of demand they can supply? _____%

Failure to Supply (Water, Gas, Electric)

4. If Failure to Supply coverage is requested, please select one of the following:

Sublimit of Failure to Supply Coverage: \$100,000 \$250,000 \$500,000 \$1,000,000

WATER UTILITY INFORMATION

Check if N/A

5. What type of exposures do you have? Treatment Distribution

a. Water Sources: Surface Ground Another Facility Other

b. Is the water source subject to any interruption?..... Yes No
 If yes, please describe: _____

c. Number of dams: _____

(If any, please complete the Dam/Levee/Dike/Canal Additional Information Request CP-7610)

6. Describe the disinfection method used in the treatment process:

Chlorine Sodium Hypo Chloride Calcium Hypo Chloride Other:

If gaseous chlorine is used, indicate tank size and capacity: **1 ton cylinders at each plant**

7. Enter the miles of line for the following grid:

Age of Lines:	PVC	Ductile Iron	Other
0 – 5 Years	23.26	.00183	.92317
6 – 10 Years	31.56	2.76217	2.01283
11 – 20 Years	49.24	9.624	22.973
Over 20 Years	37.54	35.62	489.6

8. Do you have a cross connection control program? Yes No

9. Do you have a water main cross connection with other entities?..... Yes No

SEWER UTILITY INFORMATION

Check if N/A

10. At what percentage of your licensed peak day capacity have you been operating?

Last Year	50%	1 year prior	50%
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11. Do you have backup power for:

- a. Treatment plants? Yes No
 b. Lift stations? Yes No

12. Enter the miles of line for the following grid:

Age of Lines:	PVC	Concrete	Steel	Clay	Other
0 – 5 Years	11.843	.454	0	.029	.02
6 – 10 Years	21.48	.07	0	0	2.44
11 – 20 Years	25.05	.076	0	.053	11.597
Over 20 Years	78.25	.771	0	222.69	283.9

13. Complete the following grid:

	Number of line breaks repaired	Number of connections:
1 Year Prior	79	29442
2 Years Prior	167	29442
3 Years Prior	140	29328

14. Complete the following grid:

	Sewer Only	Combined Sewer & Storm
Miles of line	658.123	786.833

15. If you have a combined sewer and storm drain, do you have a documented plan to separate the systems per EPA guidelines, and what is the timeline for the completion?

N/A

16. How are hot spots monitored and what steps are take to prevent back-ups?

Through GIS and preventive maintenance/tv inspection

17. If Sewer Backup is requested, please complete the following:

Limits: _____

Sewer Backup Claims/loss history: (if more space is needed, use Additional Information section at the end of this document)

ELECTRIC UTILITY INFORMATION

Check if N/A

18. What type of exposures do you have? Generation Distribution

19. Is the generation of electricity for peak season demand only? Yes No

20. Percentage of generating capacity by fuel type:

Water	Nuclear	Coal	Oil or Gas	Other (describe):

21. Do you participate in a regional grid or power pool? Yes No

22. Do you have redundant supply lines or loop distribution systems?..... Yes No
 If yes, please describe: _____

23. What percentage of installation, repair and maintenance of the distribution system is managed by employees vs. sub-contractors?

	Employees %	Sub-Contractors %
Erection of Poles or Towers		
Stringing high tension wires		
Installing underground cable		
Other		

GAS UTILITY INFORMATION

Check if N/A

24. Are there gas storage facilities including Liquefied Natural Gas (LNG) above or below ground gas storage? Yes No

25. Number of Grade 1, 2, and 3 leaks you have had in the past 12 months:

Grade 1:		Grade 2:		Grade 3:	
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Please provide reports from the Department of Transportation (DOT) – Form RSPA F 7100.1-1 for the past 3 years. Leak reports for grade 1 leaks in the past 12 months, Explanation of unaccounted for gas percentage.

FRAUD STATEMENTS

FLORIDA: 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.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

SIGNATURES

Authorized Representative Signature*: X <i>B Hubbard</i>	Authorized Representative Name - Printed Bonnie Hubbard	Date: <i>04/27/2020</i>
Producer Signature*: X	State Producer License No (required in FL):	Date:
Agency: HUB International	Agency Contact: Cameron Jones	Agency Phone Number: 817-820-8163

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.