



GLOBAL ENERGY - EXCESS

SMALL BUSINESS UNDERWRITING CENTER
ONE CONNELL DRIVE, SUITE 2100
BERKELEY HEIGHTS, NEW JERSEY 07922

“ Signing of this application does not bind the insurance company to offer or the applicant to accept this insurance but will serve as the basis for coverage should a policy be issued.”

1. Name of Company .....

Address .....

Telephone ..... Contact .....

2. List all subsidiary companies Type of operation
Both utility and non utility

3. Are all companies listed above to be covered by this insurance? .....Yes .....No
If no, list those companies to be excluded.

4. Address of principal locations of all companies in No. 2 above if different from applicant.

5. A. Proposed Inception of Policy .....
B Limit of Liability requested .....
C. Proposed retroactive date .....
D Retention requested .....

Underlying Limits (if coverage desired is excess) Insured or Self Insured

Coverage	Limit	Premium	Carrier	Policy Period
General Liability .....				
Products .....				
Auto Liability .....				
Employers .....				
Liability .....				
Jones Act .....				
F.E.L.A. ....				
Aircraft .....				
Watercraft .....				
Employee Benefits .....				

7. Gross Revenues (Millions of \$) current estimate & last 3 years  
19.... 19.... 20.... 20....

Electric .....

Gas .....

Other (Describe) .....

8. Payroll  
Current estimate & last 3 years  
19.... 19.... 20.... 20....

Electric .....

Gas .....

Other (Describe) .....

9. Sales Breakdown  
Last 4 years & estimate for current year  
19.... 19.... 20.... 20....

Electric (millions of KWH)

Residential .....

Commercial (non industrial) .....

Industrial (mfr) .....

Wholesale .....

(public authorities & other utilities)

Transportation .....

Gas (millions of Cu Ft)  
19.... 19.... 20.... 20....

Residential .....

Commercial .....

Industrial .....

Wholesale .....

Transportation .....

10. Watercraft- Does your company own, lease or charter any watercraft longer than 50 feet? ...Yes ...No  
If yes, list watercraft to be covered by insurance.

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11. Number of Customers Last 4 years & Estimate for current year

19.... 19.... 20.... 20...

Electric Residential .....  
Commercial .....  
Industrial .....  
Wholesale .....  
Transportation .....

Gas Residential .....  
Commercial .....  
Industrial .....  
Wholesale .....  
Transportation .....

11. Excess Automobile Liability ( do you want coverage included?)

If so list number of owned vehicles by category

Private Passenger ..... Light Trucks .....  
Medium Trucks ..... Heavy Trucks .....  
Tank Trucks ..... Tank Trailers .....

Any hazardous materials hauled? If so, list number of trucks tank size capacity, and materials carried.

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13. Aircraft- Does your company own, lease or charter any aircrafts? ....Yes ....No

If yes, please list below year, make, model and number of seats.

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.....  
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14. Does your company have any mining operations? ....Yes ....No

If yes, list separately for each company to be covered.

Name Location Type Ore Mined Mine Operated By

.....  
.....  
.....

15. Dams- Does your company have any dams, impoundments or storage facilities? ....Yes ....No

If yes, attach a copy of current inspection and list below:

Name Location Construction Year Built Size Capacity

.....  
.....  
.....

Give a brief description of downstream exposures .....

.....  
.....

16. Gas Utility Operations- Does your company engage in or have any of the following operations?

YES

NO



.....  
.....  
.....  
.....

What minimum limits are requested of contractors and subcontractors? \$ .....

Is your company's interest included under the contractor's or sub-contractor's insurance?  
....Yes ....No

Are certificates of insurance provided? ....Yes ....No

20. Products- Does your company sell or install and/or repair any products? ....Yes ....No  
If yes, describe all products you wish to be covered by this insurance.

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21. Losses- List below total incurred losses for the past 7 years, describe any claims in excess of \$10,000

Year	#	GL Paid	#	GL Reserves	Total Incurred
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Year	#	AL Paid	#	AL Reserves	Total Incurred
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Description of large losses:

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SUPPLEMENTAL INFORMATION

This application will only be processed if the following information is included. FAILURE TO INCLUDE THE APPLICABLE INFORMATION FOR ANY COMPANY TO BE COVERED BY

THIS INSURANCE WILL DELAY THE ISSUING OF A QUOTE, UNTIL THE INFORMATION IS RECEIVED, OR WILL RESULT IN A QUOTE EXCLUDING THE COMPANY(S) FOR WHICH THE INFORMATION HAS NOT BEEN RECEIVED.

Indicate Attachments by marking the space.

Latest Annual Report	.....
Uniform Statistical Report (to American Gas Assoc., Edison Electric Institute and financial analysts)	.....
Securities and Exchange Commission Form 10k	.....
FERC Form #1: Annual Report of Electric Utilities Licenses and Other (Class A and Class B)	.....
FERC Form #2: Annual Report of Gas Utilities	.....
DOT F7100 1-1 for each gas distribution operation	.....
DOT F7100 2-1 for each gas transmission operation	.....
Copy of Dam Report for each dam	.....
Hold Harmless Agreement: attach a copy of any standard Hold-harmless agreement and describe any other (non Standard) hold-harmless agreements	.....

THE APPLICANT COMPANY WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND THAT NO MATERIAL INFORMATION HAS BEEN WITHHELD. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT COMPANY TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED.

THE APPLICANT COMPANY FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES MATERIALLY BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

Applicant .....

By .....  
Authorized Signature

Title .....

Date .....