



## ELECTRICAL EXPOSURE SUPPLEMENTAL APPLICATION

1. Name of applicant and subsidiaries: \_\_\_\_\_

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:**

\_\_\_\_\_

\_\_\_\_\_

Are certificates of workers' compensation coverage obtained from all subcontractors?  yes  no

Does applicant agree to provide copies of certificates to 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. Has applicant ever filed a workers compensation claim?  yes     no

**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.

**Signature of Applicant:**

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**Name/Title/Date:**

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**Signature of Agent/Date:**

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