

SUPPLEMENTAL APPLICATION

SECTION 1: GENERAL INFORMATION

| | |
|----------------------|--------------------|
| Account Name: | |
| Mailing Address: | |
| Street Address: | |
| Effective Date: | Date Needed: |
| Expiring Premium: \$ | Target Premium: \$ |
| Incumbent Carrier: | |
| Submitting Agency: | |
| Mailing Address: | |
| Account Executive: | Email: |
| Phone: | FEIN: |

SECTION 2: EXPIRING INFORMATION

| | | | | | | | |
|---------------------|-----|----|-------------|-------------------|-----|----|-------------|
| Property: | Yes | No | Premium: \$ | Public Officials: | Yes | No | Premium: \$ |
| Inland Marine: | Yes | No | Premium: \$ | EPLI: | Yes | No | Premium: \$ |
| Boiler & Machinery: | Yes | No | Premium: \$ | Auto: | Yes | No | Premium: \$ |
| Crime: | Yes | No | Premium: \$ | Internet / Cyber: | Yes | No | Premium: \$ |
| General Liability: | Yes | No | Premium: \$ | Excess: | Yes | No | Premium: \$ |
| | | | | | | | Limit: \$ |

SECTION 3: EXPOSURE INFORMATION

| | | | |
|-----|--|---|---|
| 1. | Type Of District/Utility: | Water / Sewer / Public Utility Irrigation District Reclamation / Drainage / Flood Control | Resource / Soil Conservation Community Services District Other: |
| 2. | Annual Budget: | | \$ |
| 3. | % of Budget Allocated to Capital Improvement and Water / Sewer Main Replacement: | | % |
| 4. | Approximate Number of Gallons Sold: | | |
| 5. | Approximate % of Plastic Piping Used: | | % |
| 6. | Approximate % of Water Lines less than 8-Inch Diameter: | | % |
| 7. | Do you have a fully Computerized Water System (i.e. SCADA System)? | | Yes No |
| 8. | Payroll | Field Payroll: | \$ |
| | | Sewer / Water Treatment Plant Payroll: | \$ |
| 9. | Miles of Irrigation Ditch: | | |
| 10. | Miles of Water Lines: | | |
| 11. | Miles of Sewer Lines: | | |
| 12. | Average Age of All Piping: | | |
| 13. | Number of Hook-Ups: | | |
| 14. | Population Served: | | |
| 15. | Total Number of: Full-Time Employees: | Board Members: | Terms of Board Members: |
| 16. | How long have the Board Members and Management Team Been in Place? | | |
| 17. | How often are Sewer Lines / Mains Inspected by Line Cameras? | | |
| 18. | How often are Sewer Lines / Mains Cleaned? | | |
| 19. | Do you have a Replacement Program in Place? | | Yes No |
| 20. | What percentage of Sensor Networks is Wireless vs. Wired? | | % |

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| | | | |
|------------|---|-----|----|
| 14. | Do you Need Prior Acts Coverage? <ul style="list-style-type: none"> ■ If yes, Indicate Line of Coverage ■ Proposed Retroactive Date: | Yes | No |
| 15. | Does your Operation Utilize Submersible or Deep Well Pumps Below 50 feet? <ul style="list-style-type: none"> ■ If yes, Please Indicate Horsepower: | Yes | No |
| | <ul style="list-style-type: none"> ■ Is a Preventative Maintenance Program or Annual Service Contract in Place with a Well Pump Operation Firm? | Yes | No |
| | <ul style="list-style-type: none"> ■ Please Indicate (if any) the Services Performed on Deep Well Pumps: Sampling of Pump Discharge for Sediments Bearing Lubrication Motor Amperage Draw Routine Checks on Packing Glands | | |

SECTION 7: OTHER EXPOSURES

| | | | |
|-----------|--|-----|----|
| 1. | Do you Sponsor any Social Functions Where Liquor is Served? | Yes | No |
| 2. | Do you have an Airport on Premise? | Yes | No |
| 3. | Do you Permit any Special Events on your Premises? <ul style="list-style-type: none"> ■ If yes, Please Describe: | Yes | No |
| 4. | Do you Permit any Winter Sports on your Premise? <ul style="list-style-type: none"> ■ If yes, Please Describe: | Yes | No |
| 5. | Please List any Recreational Activities (Basketball Courts, Hiking Trails, Playgrounds, etc...) | | |
| 6. | Do you operate any Pumps Greater than 1,000 Horsepower? | Yes | No |
| 7. | Do you own any Water Towers? <ul style="list-style-type: none"> ■ If yes, Please Provide Value: \$ | Yes | No |
| 8. | Do you own any Free Standing Transmission Towers (i.e. Radio, Cell, Television)? | Yes | No |

SECTION 8: EMPLOYMENT PRACTICES

| | | | |
|-----------|---|--|----|
| 1. | Desired Deductible: \$1,000 \$2,500 \$5,000 \$10,000 Other: \$ | | |
| 2. | Total Number Of Employees, excluding Directors and Officers (All Locations): | | |
| | Non-Union: | Union: | |
| | Full Time: Temporary: | Full Time: Temporary: | |
| | Part Time: Leased: | Part Time: Leased: | |
| 3. | Annual Employee Turnover Rate for Last Year? | | |
| 4. | How Many Employees Have Been Involuntarily Terminated In The Past Year? | | |
| 5. | Have any EEOC or NLRB Charges, State or Local Judgments, or Demand Letters from Proposed, Current or Former Employees or their Attorneys been received by the Applicant In the Past Five Years? <ul style="list-style-type: none"> ■ If yes, Please Describe: | Yes | No |
| 6. | Have you had any Lawsuits, Mediations, Arbitrations, Negotiated Settlements entered into with any Proposed, Current, or Former Employee of the Applicant in the Past Five Years? <ul style="list-style-type: none"> ■ If yes, Please Describe: | Yes | No |
| 7. | Are you aware of any Incidents or Circumstances, which might give rise to a Claim under this Policy? <ul style="list-style-type: none"> ■ If yes, Please Describe: | Yes | No |

Claims(s) arising from any Facts, Circumstances, or Situations Mentioned in Questions 5., 6., or 7., above are Excluded from Coverage.

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| SECTION 9: HUMAN RESOURCES | | | |
|-----------------------------------|--|-----|----|
| 1. | Do you Have a Full Time Human Resource Coordinator? | Yes | No |
| 2. | Do you Have a Written Annual Employee Evaluation? | Yes | No |
| 3. | Do you Have a Written Grievance Procedure in Place? | Yes | No |
| 4. | Do you Have a Written Employee Handbook? | Yes | No |
| 5. | Do you Have a Written EEOC Guideline in Place? | Yes | No |
| 6. | Do you Have a Formal Outreach Program For Terminated / Laid Off Employees? | Yes | No |
| 7. | Do All Employees Receive Training in the Proper Implementation of your Human Resource Policies & Procedures? | Yes | No |
| 8. | Do you Use Outside Counsel for Employment Advice? | Yes | No |
| 9. | Do you have the following Written Policies? | Yes | No |
| | ■ Anti-Sexual Harassment: | Yes | No |
| | ■ Anti-Sexual Harassment (Non-Sexual): | Yes | No |
| | ■ Family Medical Leave: | Yes | No |
| 10. | Do your Anti-Harassment Policies Provide? | Yes | No |
| | ■ Confidential Reporting Process: | Yes | No |
| | ■ Protection For Employees Making a Complaint: | Yes | No |
| | ■ An Alternative Reporting of Allegations: | Yes | No |

| SECTION 10: AUTOS (INCLUDING HIRED & NON-OWNED) | | | | |
|--|---|--|--------|---------|
| 1. | Details of Fleet Safety Program: | | | |
| 2. | Are MVR's Checked on a Regular Basis? | Yes | No | |
| 3. | Are Written MVR/Driver Standards in Place? | Yes | No | |
| 4. | Any Personal Use of Autos? | Yes | No | |
| | ■ If yes, are Spouses or Children Allowed Access to Corporate Owned Vehicles? | Yes | No | |
| 5. | Maintenance Program in Place? | Yes | No | |
| | ■ If yes, Please Provide Details: | | | |
| 6. | How often are Drivers Required to Check Vehicles? | Daily | Weekly | Monthly |
| 7. | Describe Usage of All Hired Autos: | | | |
| 8. | What type of Hired Autos: | Commercial Auto – GVW: Private Passenger Types: | | |
| 9. | Estimated Annual Cost of Hired Autos? | | \$ | |
| 10. | Describe Usage and Types of Non-Owned Autos Used In your Business: | | | |
| 11. | How often are Non-Owned Autos Used in your Business? | Daily | Weekly | Monthly |
| 12. | Do you Require Employees to have their own Insurance? | Yes | No | |
| | ■ If yes, what are the Minimum Limits Required? | | | |

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SECTION 11: PLEASE PROVIDE THE FOLLOWING:

- | | |
|----|--|
| 1. | ACORD Applications – Including SOV, Equipment Schedule, Auto Schedule – VIN / GVW, And Driver List |
| 2. | Five Year Currently Valued Loss Runs |
| 3. | Verification of Underlying Employers' Liability Limits (Minimum Limits are \$500K / \$500K / \$500K) |
| 4. | MVRs (If Applicable) |
| 5. | Dam Questionnaire (If Applicable) |

SECTION 12: NOTES:

Large empty rectangular box for notes.

Applicant Signature: _____ (Date)

Broker Signature: _____ (Date)

SUPPLEMENTAL APPLICATION

PLEASE READ CAREFULLY GENERAL FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject the person to criminal and civil penalties.

STATE SPECIFIC FRAUD WARNING NOTICES

Arkansas Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Warning

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.

District of Columbia Fraud Warning

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by an applicant.

Florida Fraud Warning

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.

Hawaii Fraud Warning

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Warning

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

Maryland Fraud Warning

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire Statement of Residency

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

POLICY CANCELLATION PROCEDURE

Pro Rata Calculation

We will compute return premium pro rata and round to the next highest whole dollar when a policy is cancelled:

- At the company's request;
- Because the insured no longer has a financial or insurable interest in the property or business operation that is the subject of insurance;
- Rewritten in the same company or company group; or
- After the first year for a prepaid policy written for a term of more than one year.

Other Cancellations

If preceding paragraph does not apply, we will compute return premium at .90 of the pro rata unearned premium and round to the next higher whole dollar.

New Jersey Fraud Warning

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Fraud Warning

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation. Other Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio Fraud Warning

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Warning

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania Fraud Warning

All Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Motor Vehicle Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee Fraud Warning

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.

Virginia Fraud Warning

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.

Washington Fraud Warning

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

SUPPLEMENTAL APPLICATION

DAM QUESTIONNAIRE

NOTE: IF THE ENTITY MAINTAINS MORE THAN ONE DAM, A SEPARATE QUESTIONNAIRE MUST BE COMPLETED FOR EACH STRUCTURE.
MANDATORY: PLEASE FORWARD COPIES OF LATEST INSPECTION REPORTS.

| | | | | | | |
|------------|---|-----------------------------|--|-------------------------------|----------------|--------|
| 1. | Name of Structure: | | | | | |
| | Address: | | | | | |
| 2. | Year Built: | | | | | |
| 3. | Built Under the Direction of: | Entity Dept. of Interior | Bureau of Reclamation Corp of Engineers | Dept. of Agriculture Other | | |
| 4. | Purpose (Check All Applicable): | Flood | Irrigation | Water Supply | Industrial | Power |
| 5. | Construction: | Concrete | Earth | Steel Sheet | Other | |
| 6. | Dimensions: | Acre / Feet: | Top Width: | Storage Capacity: | | |
| | | Height: | Base Width: | | | |
| 7. | How Frequently is the Dam Inspected? | | | By Whom? | | |
| | <input type="checkbox"/> Has Risk Been Included Under the National Program for Dam Inspection? | | | | Yes | No |
| 8. | Name of Tributary Rivers of Impoundment Waters: | | | Upstream | Downstream | |
| 9. | How is the Water Level Controlled? | | Gates | Spillway | Other | |
| | <input type="checkbox"/> If Gates, What Type? | | | | | |
| | <input type="checkbox"/> How are Gates Operated? | | Manually | Automatically | | |
| 10. | Upstream Exposures - Are there Exposures to any of the following: | | | | | |
| | <input type="checkbox"/> Structures | | | | Yes | No |
| | <input type="checkbox"/> Industrial Complexes | | | | Yes | No |
| | <input type="checkbox"/> Housing | | | | Yes | No |
| | If yes, Please Describe (Be Specific: Include Distances, etc...) | | | | | |
| | <input type="checkbox"/> Recreational Areas (Swimming, Boating, Camping, etc...) | | | | Yes | No |
| | If yes, Please Describe (Be Specific: Include Distances, etc...) | | | | | |
| 11. | Downstream Exposures – Must Be Completed for All Items Listed Below: | | | | | |
| | Housing | Distance: | Description: | | | |
| | Other Structures | Distance: | Description: | | | |
| | Industrial Complexes | Distance: | Description: | | | |
| | Pumping Stations | Distance: | Description: | | | |
| | Bridges | Distance: | Description: | | | |
| | <input type="checkbox"/> Description: | | | | | |
| | Highways | Distance: | Description: | | | |
| | <input type="checkbox"/> Description: (Interstate, State Route, Country Road, Paved, Unpaved, etc...) | | | | | |
| | Agricultural Areas | Distance: | Description: | | | |
| | <input type="checkbox"/> Is there Exposure to: | Livestock: | Yes | No | Crops: | Yes No |
| | | Dwellings: | Yes | No | Barns & Sheds: | Yes No |
| | Recreational Areas | Distance: | Description: | | | |