

# Natural Gas Distributors Insurance Program Questionnaire and Survey Form

The Natural Gas Distributors insurance program recognizes and pays close attention to the unique exposures of Gas Utilities, addressing these exposures in a comprehensive manner. Underwritten only with quality carriers, the program is designed to accommodate the risk management needs of utility services.

**Note:** Please provide Acord applications with completed portions of the Natural Gas Distributors program questionnaire and survey form for those coverages desired. Please indicate where no coverage is desired. This form will allow the agent/broker to identify exposures and provide the necessary information to effectively underwrite and competitively price the coverage.

PLEASE TYPE OR PRINT LEGIBLY

NAMED INSURED: \_\_\_\_\_

Bid Situation:  YES  NO Bid Date: \_\_\_\_\_ Date Quote is Needed: \_\_\_\_\_

Is the Applicant a member of the American Public Gas Association  YES  NO

Please Check Utility Operation Requested for Quoting

<input type="checkbox"/> Natural Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Other
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### New Business Submission Requirements:

- Completed Acord application for each line of coverage desired
- Completed Natural Gas Distributors Supplemental Questionnaire and Survey form
- DOT Reports for past 3 years
- Leak Survey for past 3 years
- Currently Valued Company Loss runs for past 5 years

## NATURAL GAS DISTRIBUTORS

1. Ownership structure of Gas Utility is (complete applicable section).  
 corporation - list names and titles of officers and whether or not active in business \_\_\_\_\_  
\_\_\_\_\_  
 municipally-owned utility or Utilities Board - give name of manager: \_\_\_\_\_  
\_\_\_\_\_  
 municipally or public-operated Utility District - give name of manager: \_\_\_\_\_  
\_\_\_\_\_  
 private or investor Utility System - give name of manager: \_\_\_\_\_  
\_\_\_\_\_
2. The entity described in 2. above also operates the following:  
 water utility                       electric utility                       other municipal operations  
 sewer utility                       telephone utility                       own/operation natural gas wells  
 underground storage tank                       caverns used for underground storage  
 Other \_\_\_\_\_
3. Gas Utility ties on to supplier's lines at a safe fenced location and not congested?                       YES  NO
4. Is odorizing station at same place as tie in on the supplier's line?                       YES  NO
5. Gas Utility odorizes gas with \_\_\_\_\_ at a rate of \_\_\_\_\_ part(s) per \_\_\_\_\_ part(s) gas.
6. Are all regulator stations fully fenced or protected from vehicle damage?  YES  NO
7. Are all tanks at regulator stations protected from vehicle damage?  YES  NO
8. Are tank valves at regulator stations locked?  YES  NO
9. Gas Utility was originally installed in \_\_\_\_\_ (year).
10. The pipe in the Gas Utility has been in service as follows:  
\_\_\_\_\_% of the pipe has been in service for 0-10 years  
\_\_\_\_\_% of the pipe has been in service for 11-15 years  
\_\_\_\_\_% of the pipe has been in service for more than 15 years  
100 % TOTAL
11. If cast iron or bare unprotected steel pipe is in your system, provide a brief description of protection or replacement program.  
\_\_\_\_\_  
\_\_\_\_\_
12. Does Gas Utility operate or own a LPG or LNG peak-shaving plant?  YES  NO  
If YES, complete the following:
  - a. Location of peak-shaving plant(s) \_\_\_\_\_
  - b. Gallon capacity of each \_\_\_\_\_ w.g. \_\_\_\_\_ w.g. \_\_\_\_\_ w.g. \_\_\_\_\_ w.g.
  - c. Surrounding exposure for each:  
North \_\_\_\_\_, South \_\_\_\_\_  
West \_\_\_\_\_, East \_\_\_\_\_

13. Does Gas Utility sell household appliances?  YES  NO

If YES, answer the following:

a. Address of store \_\_\_\_\_

b. Area of store \_\_\_\_\_ sq. ft.

c) Amount of appliance sales in last fiscal period: \$ \_\_\_\_\_

d) Do ALL contracts with product manufacturers have a hold harmless clause in your favor?  YES  NO

e) Is the Utility named as "Additional Insured – Vendor" on all of the manufacturers' policies?  YES  NO

14. Description of any types of appliances or products discontinued? \_\_\_\_\_

15. Does Gas Utility install, repair and/or service appliance or do any other work beyond the customer's meter?  YES  NO

a) If YES, please describe \_\_\_\_\_

b) Who does the work?  Utility Employees  Subcontractor (If subcontractor, see related question #17)

c) If Utility employees do the work and their sole job is installing/servicing/repairing appliances, what is the amount of their projected payroll? \$ \_\_\_\_\_

e) Describe leak/pressure testing methods and documentation program: \_\_\_\_\_

16. Does the Utility install any appliances purchased from sources other than the Utility?  YES  NO

17. Are any subcontractors hired?  YES  NO

a) If YES, describe for what types of work: \_\_\_\_\_

b) Do you require certificates of insurance?  YES  NO (attach a copy of certificate)

c) Do you require hold harmless clauses in your favor from all subcontractors?  YES  NO

d) What limit of liability is required on the subcontractor's certificates of liability? \$ \_\_\_\_\_

e) What is the projected annual cost of contract(s)? \$ \_\_\_\_\_

f) Does the insured use a standard contract for all subcontracting operations?  YES  NO

Please provide a copy of the insurance specifications page of the contract.

**CURRENT & FUTURE (3-5 yrs out) PIPELINE CONSTRUCTION PROJECTS PLEASE PROVIDE THE FOLLOWING:**

(Projects slated to start in the next 12 months should be contemplated in the total cost for subcontracting noted above)

Description, including type of customers (residential/commercial) and # of potential hook ups	Subcontracted/Performed by Insured Employees	New or Replacement Construction	Wrap up Policy in place	Miles of Pipeline	PSI	Projected Start/End Date

\*Use separate sheet if needed

18. Describe any other operation conducted at any other location: \_\_\_\_\_

19. Service lines and meters are installed as needed by \_\_\_\_\_

20. Gas main service maintenance and repair calls are made by \_\_\_\_\_

21. Emergency calls are received by \_\_\_\_\_ on an \_\_\_\_\_ hour-per day basis, \_\_\_\_\_ days per week.

22. What action is taken when a customer calls with a leak complaint? \_\_\_\_\_

23. Malodorant is checked at intervals of \_\_\_\_\_ days by \_\_\_\_\_

24. Describe your leak survey program and documentation for transmission line and customers (commercial & residential):

Who does the work? \_\_\_\_\_

25. The last Gas Leakage Survey was completed in \_\_\_\_\_ by \_\_\_\_\_ using the following method(s): \_\_\_\_\_

**Forward the summary page of last leakage survey for each of last three years. A sample form is attached if needed.**

26. What leakage detection methods are used by Gas Utility in between or in lieu of, professional leak detection surveys?

**27. Send copy of last three (3) years of Department of Transportation Report - DOT - RSPA Report F-7100-1-1.**

28. The Gas Utility's annual sales are broken down as follows:

TYPE OF CUSTOMER	NO. of SERVICES	AMOUNT OF GAS SOLD	GROSS RECEIPTS (REVENUES)
Residential		MCF*	\$
Commercial		MCF	\$
Interruptible		MCF	\$
Unmetered		MCF	\$
<b>TOTALS</b>		MCF	\$

\* Thousand cubic feet

29. Current unaccounted-for gas amounted to \_\_\_\_\_% of the total amount of gas purchased by the Gas Utility in the latest fiscal year (if more than 3%, explain in detail on a separate sheet).

30. The Gas Utility has a total of \_\_\_\_\_ employees.

31. Provide annual payroll in the following categories below, excluding payroll for Mangers/Supervisors whose duties are inside the office and clerical employees:

A.) Prior Year Payroll: \$ \_\_\_\_\_

B.) Prior Year Straight Overtime\* (do not include in A.): \$ \_\_\_\_\_

C.) Projected Payroll: \$ \_\_\_\_\_

D.) Projected Straight Overtime\* (do not include in C.): \$ \_\_\_\_\_

The Total of C) and D) will be the ratable payroll.

\*The extra pay for overtime shall be excluded from the payroll on which premium is computed as indicated in (1) or (2) below, provided the insured's books and records are maintained to show overtime pay separately by employee and in summary by classification.

(1) If the records show separately the extra pay earned for overtime, the entire extra pay shall be excluded.

(2) If the records show the total pay earned for overtime at time and a half (regular pay plus overtime pay) in one combined amount, 1/3 of the overtime pay shall be excluded. If double time is paid for overtime and the total pay for such overtime (regular pay plus overtime pay) is combined, 1/2 of the overtime pay shall be excluded.

32. Is there any interchange of labor between the Gas Utility and ANY other operation?  YES  NO  
 If YES, describe in detail: \_\_\_\_\_  
 \_\_\_\_\_
33. Are any types of leak-detection equipment sold currently or in the past?  YES  NO  
 a) If yes, describe \_\_\_\_\_  
 b) What other types of products are currently sold? \_\_\_\_\_  
 c) Amount of sales by product(s) last fiscal period? \$ \_\_\_\_\_
34. Do you have any customers that are on an uninterruptible basis?  YES  NO  
 a) If yes, please list these customers and type (if any) of power backup source for each: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
35. Does the Gas Utility own or operate any watercraft or aircraft? [ ] YES [ ] NO If YES, give description of the craft, extent of operation by the Utility, purpose for which operated, and full details of coverage now provided for that craft. \_\_\_\_\_  
 \_\_\_\_\_
36. If coverage for Water and/or Sewer is to be included, please complete the following:  
 a) Payroll for water employees who work outside the office \$ \_\_\_\_\_  
 b) Payroll for sewer employees who work outside the office \$ \_\_\_\_\_  
 c) How many miles of sewer lines are in the system? \_\_\_\_\_  
 d) Provide copy of environmental water bacterial tests for the past 3 years.  
 e) Do wastewater treatment facilities with enclosed systems have UL-approved venting pumps?  YES  NO  
 f) Do you have any dams and/or reservoirs?  YES  NO (If yes, provide current inspection reports.)  
 g) Do you have a separate pollution policy for Water Utility Operations?  YES  NO
37. Has an insurance company cancelled or declined renewal?  YES  NO If YES, explain: \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE IS REQUIRED:**

\_\_\_\_\_  
Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**FLORIDA ONLY:**

Producer Name: \_\_\_\_\_ License #: \_\_\_\_\_

**NOTICE TO FLORIDA APPLICANTS:** "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."

**MAINE ONLY:**

**NOTICE TO MAINE APPLICANTS:** "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."

**EXHIBIT V**

**LEAKAGE SURVEY RECAP**

Insured: \_\_\_\_\_

Policy/Account Number: \_\_\_\_\_

Date(s) Surveyed: \_\_\_\_\_

**SCOPE**

Miles of pipeline inspected \_\_\_\_\_

Percent of system inspected \_\_\_\_\_

Number of services inspected \_\_\_\_\_

Percent of total services \_\_\_\_\_

**RESULTS**

Number of leaks detected \_\_\_\_\_ Number of leaks repaired \_\_\_\_\_

Number pipeline leaks \_\_\_\_\_

Number service leaks \_\_\_\_\_

Number grade 1 (C) leaks \_\_\_\_\_

Number grade 2 (B) leaks \_\_\_\_\_

Number grade 3 (A) leaks \_\_\_\_\_

**CLASSIFICATION METHOD**

Grade 1 leaks: 75% to 100% CGI

Grade 2 leaks: 15% to 75% CGI

Grade 3 leaks: 0% to 15% CGI

FORMS/LEAKSURV.PG