



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:

Name/Title/Date:

Signature of Agent/Date:
