



# ELECTRICAL EXPOSURE SUPPLEMENTAL APPLICATION

(Required if any payroll assigned to Electric Light or Power Co. NOC – all employees & drivers)

Applicant Name: \_\_\_\_\_  New application  
 Address: \_\_\_\_\_  Renewal of policy number  
 Representative: \_\_\_\_\_ Effective Date: \_\_\_\_\_

1) Is any electrical power generated?  yes  no

2) Do employees of the applicant (check all that apply):

- Construct Power Lines                       Repair Power Lines                       Maintain Power Lines
- Set Wood Poles                                       Set Metal Poles                                       String Overhead Wires
- Install Underground Cable                       Install Circuit Breakers                       Install Transformers
- Excavate Land                                       Maintain Steam Lines                       Maintain Vaults

- A. Does applicant subcontract any of the above operations?  yes  no
- B. Are certificates of workers' compensation coverage obtained from all subcontractors?  yes  no
- C. Does applicant agree to provide copies of certificates to excess carrier on demand?  yes  no

3) Does the insured have any of the following operations?

EMPLOYEE DUTIES		PAYROLL	NO. OF EMP
Store Employees	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Meter Readers	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Administrative Staff	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Drivers	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Operate, Maintain or Supervision of Facilities or Equipment	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Power Line Construction	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Power Line Repair and Maintenance	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Other (list duties)		\$	
<b>TOTAL</b>		\$	

4) Are electrical workers qualified and certified through experience and ongoing training?  yes  no

5) 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.

Applicant's Representative's Signature: \_\_\_\_\_

(Please type name, title, and company of submitting broker)

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

## SAFETY NATIONAL CASUALTY CORPORATION