

RAMSGATE MANAGING INSURANCE

NATURAL GAS DISTRIBUTION
UNDERWRITING QUESTIONNAIRE

1. FULL NAME OF GAS UTILITY _____

ADDRESS _____
(Street Address) (P.O. Box)

_____ (City) (County) (State) (Zip Code)

2. (A) OWNERSHIP STRUCTURE OF GAS UTILITY IS (complete applicable section)

CORPORATION - LIST NAMES AND TITLES OR OFFICERS AND
WHETHER OR NOT ACTIVE IN BUSINESS _____

MUNICIPALLY OWNED UTILITY OR UTILITIES BOARD - GIVE NAME OF
MANAGER _____

MUNICIPALLY OPERATED UTILITY DISTRICT - GIVE NAME OF
MANAGER _____

(B) COMMENT ON MANAGEMENT - ITS EXPERIENCE AND REPUTATION

3. THE ENTITY DESCRIBED IN 2 (A) ABOVE ALSO OPERATES THE
FOLLOWING:

_____ WATER UTILITY _____ LIGHT & POWER UTILITY

_____ SEWER UTILITY _____ TELEPHONE UTILITY

_____ OTHER MUNICIPAL OPERATIONS

_____ OTHER

4. (A) GAS UTILITY SERVES THE FOLLOWING CITIES, TOWNS AND VILLAGES:

NAME	POPULATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(B) MAP OF SYSTEM AVAILABLE? _____ UP TO DATE? _____
 SHOWS MAJOR REPAIRS? _____ WHO MAINTAINS? _____
 CUT-OFF VALVES? _____ REGULAR STATIONS? _____

5. (A) GAS UTILITY PURCHASES GAS FROM: _____
 (B) TYPE OF GAS: _____
 (C) PEAK SHAVING PLANT OPERATED? _____ YES _____ NO
 WHEN INSTALLED? _____
 (D) LOCATION OF PEAK SHAVING PLANT: _____

6. COPY OF ANNUAL STATEMENT ATTACHED: _____ YES _____ NO
 IF NOT, WHY? _____

7. THE GAS UTILITY'S ANNUAL SALES ARE BROKEN DOWN AS FOLLOWS:

TYPE OF CUSTOMER	NO. OF OUTLETS	AMOUNT OF GAS SOLD	GROSS RECEIPTS
RESIDENTIAL	_____	_____	_____
COMMERCIAL	_____	_____	_____
INTERRUPTIBLE	_____	_____	_____
INDUSTRIAL	_____	_____	_____
UNMETERED	_____	_____	_____
TOTALS	_____	_____	_____

8. THE GAS UTILITY HAS A TOTAL OF _____ EMPLOYEES, DIVIDED AS FOLLOWS:

PRINCIPAL DUTIES	NO. OF EMPLOYEES	(ESTIMATED) ANNUAL PAYROLL
SUPERINTENDENTS & MANAGERS	_____	_____
SERVICE AND REPAIR	_____	_____
CONSTRUCTION	_____	_____
CLERICAL	_____	_____

9. COPIES OF D.O.T. F71001 - 1 ANNUAL REPORT ATTACHED FOR LAST THREE YEARS _____ YES _____ NO IF NOT, EXPLAIN: _____

10. IS THERE ANY INTERCHANGE OF LABOR BETWEEN THE GAS UTILITY AND ANY OTHER OPERATION? _____ YES _____ NO. IF YES DESCRIBE IN DETAIL:

(A) 1. GAS UTILITY ODORIZES GAS WITH _____
AT A RATE OF _____ PART (S) PER _____
PART (S) GAS.

2. TYPE OF ODORIZING SYSTEM? _____

3. HOW OFTEN ODORIZER RESERVOIR CHECKED: _____
BY WHOM _____

RECORDED _____ YES _____ NO

11. IF UNACCOUNTED FOR GAS LOSS HAS EXCEEDED 5% DURING PAST THREE YEARS, PLEASE EXPLAIN TO THE BEST OF YOUR KNOWLEDGE THE REASONS.

12. OPERATION AND MAINTENANCE:

(A) HAS THE OPERATOR PREPARED A WRITTEN OPERATING AND MAINTENANCE PLAN AND DOES HE KEEP RECORDS NECESSARY TO ADMINISTER THE PLAN? _____

(B) DOES THE PLAN INCLUDE:

1. EMPLOYEE INSTRUCTIONS FOR NORMAL OPERATIONS AND MAINTENANCE? _____

2. SPECIFIC PROGRAMS TO PROTECT THE PUBLIC FROM HAZARDOUS CONDITIONS RELATING TO GAS OPERATIONS, INCLUDING PERIODIC LEAKAGE SURVEYS AND ABANDONMENT OR INACTIVATION OF FACILITIES? _____

3. PROGRAM FOR UPGRADING SERVICES IN CONJUNCTION WITH RAISING PRESSURE IN SYSTEM IF SUCH INCREASE IS ANTICIPATED? _____

13. EMERGENCY PLAN:

(A) DOES THE OPERATOR HAVE A WRITTEN EMERGENCY PLAN? _____

(B) DOES THIS PLAN INCLUDE THE FOLLOWING:

(1) EMPLOYEE TRAINING- INCLUDING SAFETY MEETINGS?
_____ HOW OFTEN HELD? _____ WHO CONDUCTS?

(2) LIAISON WITH OTHER UTILITIES AND PUBLIC OFFICIALS?

(3) EDUCATIONAL PROGRAMS FOR CUSTOMERS AND
GENERAL PUBLIC? _____ YES _____ NO
METHODS USED: _____

14. RECORD OF CUSTOMER COMPLAINTS, DOES INSURED MAINTAIN A LOG OF COMPLAINTS? YES NO

(1)	TIME WHEN COMPLAINT WAS RECEIVED.	_____	_____
(2)	NAME OF PERSON MAKING COMPLAINT.	_____	_____
(3)	LOCATION OF THE TROUBLE.	_____	_____
(4)	TIME WHEN INVESTIGATION WAS MADE.	_____	_____
(5)	NAME OF EMPLOYEE WHO INVESTIGATED.	_____	_____
(6)	NATURE OF DEFECTS FOUND.	_____	_____
(7)	TIME WHEN REPAIRS WERE COMPLETED.	_____	_____
(8)	NATURE OF REPAIR OR ADJUSTMENT.	_____	_____
(9)	ATTACH SAMPLE.	_____	_____

15. PROTECTION AGAINST CONSTRUCTION HAZARDS:

(A) DOES INSURED HAVE AN ARRANGEMENT WITH THE CITY (CITIES) TO BE NOTIFIED IN ADVANCE REGARDING ALL STREET EXCAVATION OR OTHER CONSTRUCTION PROJECTS WHICH MAY CAUSE DAMAGE TO GAS MAINS OR SERVICE LINES? (NUMEROUS SERIOUS ACCIDENTS HAVE BEEN CAUSED FROM LEAKING MAINS DAMAGED BY DITCH DIGGING EQUIPMENT, BLASTING, FAULTY BACK-FILLING OPERATIONS, ETC.).

(B) DOES THE GAS COMPANY ASSIGN AN ENGINEER (PART OR FULL TIME) TO THESE JOBS TO PROTECT THEIR INTERESTS? _____ YES _____ NO

16. ARE HOT TAPS PERFORMED BY A QUALIFIED CREW? _____ YES _____ NO

17. WHAT IS THE OPERATOR' S PROCEDURE TO PREVENT A HAZARDOUS MIXTURE OF GAS AND AIR WHEN PURGING? _____

18. ARE SERVICE LINES TESTED BEFORE BEING PLACED IN SERVICE?
_____ YES _____ NO

IF YES, TO WHAT PRESSURE ON:

(1) STEEL AND CAST IRON
A) LINES LESS THAN 1 PSIG OPERATING PRESSURE.
B) LINES OF 1 PSIG TO 40 PSIG OPERATING PRESSURE. _____

- _____
- C) LINES OF 40 PSIG TO LESS THAN 100 PSIG OPERATING PRESSURE. _____
- (2) PLASTIC
- A) FOR UP TO 33 PSIG. _____
- B) FOR 34 PSIG TO LESS THAN 100 PSIG. _____
19. WHAT IS OPERATOR'S PROCEDURE FOR:
- A) DISCONTINUING SERVICE (ARE SERVICES LOCKED- OFF)
 _____ YES _____ NO
- B) TURNING ON SERVICE: _____
- C) LIGHT- UP SERVICE OFFERED: _____ YES _____ NO
 IF YES, WHO BY: _____
- D) IS "OCCUPANCY PERMIT" REQUIRED BEFORE SERVICES ARE PROVIDED
 ON VACANT BUILDINGS: _____ YES _____ NO . IF YES, WHO ISSUES
 PERMIT AND QUALIFICATIONS? _____
20. A) ARE SLEEVES USED TO PROTECT GAS MAINS UNDER CIRCUMSTANCES
 WHERE CORROSIVE OR ELECTROLYTIC CONDITIONS MAY BE SEVERE?

- B) ARE STORM SEWERS CIRCUMVENTED IN LAYING MAINS? _____
21. ARE ANY BELL AND SPIGOT JOINTS UNREINFORCED IN SERVICE ON LINES WITH
 OPERATING PRESSURE IN EXCESS OF 25 PSIG? _____ YES _____ NO
22. WHAT IS THE PROGRAM FOR PULLING, INSPECTING AND TESTING ON:
- A) RESIDENTIAL REGULATORS AND METERS. _____
- B) COMMERCIAL AND INDUSTRIAL REGULATORS AND METERS. _____
- C) SYSTEM REGULATORS. _____
- D) WHO CONDUCTS THESE AND WHAT ARE THEIR QUALIFICATIONS?

23. A) MAKE AND MODEL OF REGULATORS PREDOMINANTLY USED: _____
24. A) DOES OPERATOR CONDUCT GAS LEAKAGE SURVEYS WITHIN BUSINESS
 DISTRICT ANNUALLY? _____ YES _____ NO
- B) DOES OPERATOR CONDUCT LEAKAGE SURVEYS OUTSIDE PRINCIPAL
 BUSINESS AREAS AT LEAST EVERY FIVE YEARS?
 _____ YES _____ NO
- C) DOES OPERATOR CHECK AND SERVICE ANNUALLY EACH VALVE WHICH
 MAY BE NECESSARY FOR SAFE OPERATION OF SYSTEM?
 _____ YES _____ NO
- D) HOW MANY OF THE FOLLOWING CLASSES OF LEAKS WERE FOUND IN

THE LATEST SURVEYS (A) AND / OR (B):
CLASS 1 PRESENT DISPOSITION _____
CLASS 2 PRESENT DISPOSITION _____
CLASS 3 PRESENT DISPOSITION _____

E) WHO CONDUCTED THESE SURVEYS? _____
F) METHODS USED _____
G) WHAT TYPE OF INSTRUMENTATION DOES OPERATOR HAVE FOR LEAK DETECTION? _____

25. LOW PRESSURE ALARM PROVIDED: ____YES ____NO

26. DOES GAS UTILITY SELL HOUSEHOLD APPLIANCES? ____YES ____NO
IF YES, ANSWER THE FOLLOWING:
ADDRESS OF STORE (S) _____
AREA OF STORE _____ SQ. FT.
AMOUNT OF APPLIANCE SALES IN LAST FISCAL PERIOD. \$ _____
ARE PUBLIC FIRE-FIGHTING FACILITIES AVAILABLE AT ALL THE ABOVE LOCATIONS? ____YES ____NO

27. DOES GAS UTILITY REPAIR AND / OR SERVICE APPLIANCES OR DO ANY OTHER WORK BEYOND THE CUSTOMER' S METER? ____YES ____NO
IF YES, ANSWER THE FOLLOWING:
AMOUNT OF RECEIPTS FOR SUCH WORK IN THE LAST FISCAL YEAR \$ _____

28. THE GAS UTILITY' S ACCOUNTING AND BILLING OFFICES ARE LOCATED AT:

AND HAVE AN AREA OF _____ SQ. FT.
OTHER BUILDINGS OR PREMISES OCCUPIED:

LOCATION	USE	AREA
_____	_____	_____ SQ. FT.
_____	_____	_____ SQ. FT.

DESCRIBE ANY OTHER OPERATION CONDUCTED AT ANY OTHER LOCATION:

29. IF OPERATOR HAS A PEAK-SHAVING PLANT, COMPLETE THE FOLLOWING:
ADDRESS: _____
1) GALLON CAPACITY _____ W.G. FENCED? ____YES ____NO
2) SURROUNDING EXPOSURE _____
3) HOW MANY GALLONS USED IN THE LAST FISCAL PERIOD? _____
4) AGE APPROXIMATE _____
5) PHYSICAL CONDITION _____

STORAGE TANKS:
1) NUMBER _____
2) SIZES AND CAPACITIES _____
3) GAS PRESSURES CARRIED _____
4) CONSTRUCTION – ARE ALL PRESSURE TANKS CONSTRUCTED IN ACCORDANCE WITH ASME OR API UNFIRED PRESSURE VESSEL CODES, U68 OR U69? _____

IF THEY ARE NOT, COMMENT IN DETAIL AND GIVE LOCATION ON EACH SUCH TANK . _____

- 5) CONDITION: _____
- 6) INSPECTION SERVICE _____
- A) ARE ALL TANKS INSURED? _____
- B) IF YES, BY WHOM: _____
- C) COMMENT ON ANY REGULAR INTERNAL AND EXTERNAL INSPECTION SERVICE BY QUALIFIED PRESSURE VESSEL INSPECTOR. _____

30. LOSS INFORMATION (AT LEAST 5 YEARS) :

DATE OF LOSS	DESCRIPTION	AMOUNT PAID	INSURANCE CARRIER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

31. PRESENT CARRIER _____

POLICY PERIOD _____

LIMITS _____

PREMIUM AND RATES _____

32. LIMITS DESIRED: _____

33. COMMENTS OR REMARKS: _____

INFORMATION SECURED BY: _____

FROM: _____

TITLE _____

DATE _____