



Utilities Supplement			
Named Insured			
Type of Utility	Exposure Present		Annual Payroll
Electricity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Natural Gas/ LPG	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sewer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Identify exposures above that have separate GL insurance (please include limits, carrier, deductible):			

Sources of Supply		
Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electricity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Natural Gas/LPG	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dams	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Electrical Power	
Do you own or operate any electrical generation facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of electrical power used on tribal land generated by tribal facilities	

Gas Systems			
Miles of gas pipeline			
Average Leakage last year		Two Years Ago	
Describe system to detect and repair leaks			

Sewer Department Supplement			
Named Insured			
Number of miles of sewer lines			
Do you maintain a sewage disposal plant			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what methods used for sewage disposal			
	Percentage of work	Payroll	Cost
Laying sewers, removal of sewage undertaken directly by you			
Laying sewers, removal of sewage performed by independent contractors			



Water Department Supplement					
Named Insured					
Annual Gallons		Annual Payroll		How often is water tested	
Age of System		Last Year of Upgrade		Who tests the water	
What is the source of water supply					
Do you install your own water pipes (If, yes describe extent of operations below)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do independent contractors install your water pipes (If, yes describe extent of operations below)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subcontractor Cost					
Composition of pipe					

List Water Supply Tanks			
Location	Construction	Capacity	Age



Dams and Reservoirs Supplement				
<i>(If more than one dam or reservoir, please complete supplement for each)</i>				
Named Insured				
Name of structure				
National hazard code		Under direction of		
Year built		Weight		
Height		Acre Feet		
Storage Gallons				
Purpose	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Industrial	<input type="checkbox"/> Power
Construction	<input type="checkbox"/> Earthen	<input type="checkbox"/> Steel Sheered	<input type="checkbox"/> Timber	<input type="checkbox"/> Other
Downstream exposures				
<input type="checkbox"/> Bridge	<input type="checkbox"/> Housing	<input type="checkbox"/> Railroad	<input type="checkbox"/> Crops	<input type="checkbox"/> Industrial
<input type="checkbox"/> Recreation	<input type="checkbox"/> Highway	<input type="checkbox"/> Lower dams	<input type="checkbox"/> School	<input type="checkbox"/> Hospital
<input type="checkbox"/> Pump stations	<input type="checkbox"/> Utilities	<input type="checkbox"/> Other <i>(please Explain)</i>		
Is there an emergency notification plan	<input type="text"/>	Who inspects the dam		
How often inspected		Date of last inspection		
Recommendations and status				