

GENERAL INFORMATION

Insured Name:		Date:		
Plant Location	Street:	City:	State:	Zip:
Is flood coverage needed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

OPERATIONS

How many gallons of effluent are treated per day?	Is power generating equipment present?
Are rotating biological contactors used?	How many?
What is the impact on the process if one is not functioning?:	
Do you use an anaerobic digester in the process?	
What is the size of the boiler (horsepower or btu)?	Is the boiler fired on waste gas?

TRANSFORMERS

Are electric transformers present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they owned by the facility or the utility?	Facility Owned <input type="checkbox"/>	Utility Owned <input type="checkbox"/>
Please provide the age, size, and if oil or air cooled:		
How is the transformer maintained (oil testing, etc)?		
Are PCB's present in this unit or was the unit retrofitted?:		
How is the switchgear or breakers maintained (manually exercise breakers, infrared testing)?		
Please describe the type, age, size, and maintenance of each:		

PUMPS/BLOWERS

What is the largest pump, blower, and driving motor at the facility (horsepower)?	
What is its function?:	
Are spares maintained on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Briefly describe how pumps, blowers and motors are maintained?:	

Closer Coverage delivered in the Northeast, with offices located in:

CONNECTICUT | MAINE | MASSACHUSETTS | NEW HAMPSHIRE | NEW YORK | VERMONT

Plot Plan Required if Flood Coverage is needed

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Producer Name (Please Print): _____

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