

SECTION 1: GENERAL INFORMATION

Account Name:	
Mailing Address:	
Street Address:	
Effective Date:	Date Needed:
Expiring Premium: \$	Target Premium: \$
Incumbent Carrier:	
Submitting Agency:	
Mailing Address:	
Account Executive:	Email:
Phone:	FEIN:

SECTION 2: EXPIRING INFORMATION

Property: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$	Public Officials: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$
Inland Marine: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$	EPLI: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$
Boiler & Machinery: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$	Auto: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$
Crime: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$	Internet/Cyber: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$
General Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$	Excess: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$
	Limit: \$

SECTION 3: EXPOSURE INFORMATION

1.	District/Utility Type: <input type="checkbox"/> Water/Sewer/Public Utility <input type="checkbox"/> Irrigation District <input type="checkbox"/> Reclamation/Drainage/Flood Control	<input type="checkbox"/> Resource/Soil Conservation <input type="checkbox"/> Community Services District <input type="checkbox"/> Other:
2.	Total Annual Budget:	\$
3.	% of Budget allocated to Capital Improvement and Water/Sewer Main Replacement:	%
4.	Approximate # of Gallons Sold:	
5.	Approximate % of Plastic Piping Used:	%
6.	Approximate % of Water Lines <8 inches in Diameter:	%
7.	Do you have a fully Computerized Water System (i.e. SCADA System)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Field Payroll:	\$
	Sewer/Water Treatment Plant Payroll:	\$
9.	# Miles of Irrigation Ditch:	
10.	# Miles of Water Lines:	
11.	# Miles of Sewer Lines:	
12.	Average age of all Piping:	
13.	# of Hook-Ups:	
14.	Population Served:	
15.	# of FT Employees: PT Employees: Board Members: Board Member Term:	
16.	How long have the Board Members and Management team been in place?	
17.	How often are Sewer Lines/Mains inspected by line cameras?	
18.	How often are Sewer Lines/Mains cleaned?	
19.	Do you have a Replacement Program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	What % of Sensor Networks is Wireless vs. Wired?	%

SECTION 4: CLAIMS – PLEASE PROVIDE 5 YEAR CURRENTLY VALUED LOSS RUNS

1.	In the past 5 years, are you aware/know of any claims/lawsuits against you or any events/incidents/occurrences which may lead to a claim/lawsuit? <i>If yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	In the past 5 years, have you received any claims/complaints or had any lawsuits brought by or on behalf of your customers/others regarding exposure to toxins, contaminants or pollutants as a result of your water/sewage services? <i>If yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	In the past 5 years, have you experienced any claims >\$25,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	In the past 5 years, have you experienced any contaminated Well Sites/Water Sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	In the past 10 years, have you experienced any Flood Losses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	In the past 5 years, have you experienced any Perchlorate incidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	In the past 5 years, have you experienced any Pollution incidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 5: TREATMENT/CHEMICALS

1.	Which Water Chemicals do you use?
2.	How often do you test?
3.	How are your Water Chemicals stored and secured?

SECTION 6: GENERAL QUESTIONS

1.	Are Certificates of Insurance required from your Subcontractors? <i>If yes, list amount: \$</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are you named as an Additional Insured on your Subcontractor's Liability Policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do you use or operate any of the following in your Operations: <ul style="list-style-type: none"> ■ Watercraft >26 feet in length? ■ Aircraft? 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
4.	Are you responsible for: <ul style="list-style-type: none"> ■ Dams? ■ Reservoirs? <i>If yes, please complete WaterPlus' Dam Questionnaire.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
5.	Are you responsible for: <ul style="list-style-type: none"> ■ Penstock? ■ Underground Storage Tanks? 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
6.	Are you responsible for: Levees/Dikes/Weirs? <i>If yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Do you operate any Hydroelectric/Electric Generation devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you sell/provide any other Utilities? <i>If yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do you have any Property in the "Course of Construction" or plan to have any new Additions, Renovations, or Expansions? <i>If yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Estimated Cost of Construction: \$			

10.	Do you own Property: <ul style="list-style-type: none"> ■ Within 25 miles of the Atlantic Coast? ■ In a designated Flood Zone? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you purchase Workers Compensation Insurance? <i>If yes: Carrier: _____ Effective Date: _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you experienced any Property Losses resulting from Earth Movement or Subsidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are you responsible for any Piers, Docks, or Wharves? <i>If yes, check below:</i> <input type="checkbox"/> Covered/Floating Docks (<i>Anchored by cables, etc.</i>) <input type="checkbox"/> Covered Docks on permanently fixed Pilings/Piers <input type="checkbox"/> Uncovered/Floating Docks (<i>i.e. Anchored by cables, etc.</i>) <input type="checkbox"/> Uncovered Docks on permanently fixed Pilings/Piers	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are you requesting Prior Acts Coverage? <i>If yes, which Line of Coverage _____</i> Proposed Retroactive Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Do you utilize Submersible/Deep Well Pumps below 50 feet? <i>If yes, please indicate Horsepower: _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is a Preventative Maintenance Program or Annual Service Contract in place with a Well Pump Operation Firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please indicate (<i>if any</i>) the services performed on Deep Well Pumps. <input type="checkbox"/> Sampling of Pump discharge for sediments <input type="checkbox"/> Bearing lubrication <input type="checkbox"/> Motor Amperage draw <input type="checkbox"/> Routine checks on Packing Glands	

SECTION 7: OTHER EXPOSURES

1.	Do you sponsor any Social Functions where Liquor is served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you have an Airport on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you permit Special Events on your premises? <i>If yes, please provide details.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you permit Winter Sports on your premise? <i>If yes, please provide details.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Please list Recreational Activities. (<i>i.e. Basketball courts, Hiking trails, Playgrounds, etc.</i>)	
6.	Do you operate Pumps >1,000 Horsepower?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you own Water Towers? <i>If yes, please provide total value: \$</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you own free-standing Transmission Towers (<i>i.e. Radio, Cell, Television</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 8: EMPLOYMENT PRACTICES

1.	Deductible Requested: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: \$						
2.	Total Employees at all locations (<i>Excluding Directors and Officers</i>): <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"><i>Non-Union:</i></td> <td style="width: 25%;">Full Time: Part Time:</td> <td style="width: 25%;">Temporary: Leased:</td> <td style="width: 25%;"><i>Union:</i></td> <td style="width: 25%;">Full Time: Part Time:</td> <td style="width: 25%;">Temporary: Leased:</td> </tr> </table>	<i>Non-Union:</i>	Full Time: Part Time:	Temporary: Leased:	<i>Union:</i>	Full Time: Part Time:	Temporary: Leased:
<i>Non-Union:</i>	Full Time: Part Time:	Temporary: Leased:	<i>Union:</i>	Full Time: Part Time:	Temporary: Leased:		
3.	What was your Annual Employee turnover rate last year?						
4.	How many Employees have been involuntarily terminated in the past year?						
5.	Are you aware of any EEOC or NLRB Charges, State/Local Judgments, or Demand Letters from Proposed, Current/Former Employees or their attorneys been received by the Applicant in the past 5 years? <i>If yes, please provide details.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No					
6.	Are you aware of any Lawsuits, Mediations, Arbitrations, Negotiated Settlements entered into with any Proposed, Current/Former Employee of the applicant in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No					

If yes, please provide details.

7. Are you aware of any Employment Practices incidents/circumstances, which might give rise to a claim under this Policy? *If yes, please provide details.* Yes No

Claims(s) arising from any Facts, Circumstances, or Situations Mentioned in Questions 5., 6., or 7., above are Excluded from Coverage.

SECTION 9: HUMAN RESOURCES

1. Do you have a full-time Human Resource Coordinator? Yes No

2. Do you have a written Annual Employee Evaluation? Yes No

3. Do you have a written Grievance Procedure in place? Yes No

4. Do you have a written Employee Handbook? Yes No

5. Do you have a written EEOC Guideline in place? Yes No

6. Do you have a formal Outreach Program for terminated/laid off employees? Yes No

7. Do all Employees receive training in the proper implementation of your Human Resource Policies & Procedures? Yes No

8. Do you utilize Outside Counsel for employment advice? Yes No

9. Do you have the following written Policies:

- Anti-Sexual Harassment? Yes No
- Anti-Sexual Harassment? (Non-Sexual) Yes No
- Family Medical Leave? Yes No

10. Do your Anti-Harassment Policies provide:

- Confidential reporting process? Yes No
- Protection for employees making a complaint? Yes No
- An alternative reporting of allegations? Yes No

SECTION 10: AUTOS (INCLUDING HIRED & NON-OWNED)

1. Do you have a Fleet Safety Program? *If yes, please provide details.* Yes No

2. Are MVR's checked on a regular basis? Yes No

3. Are written MVR/Driver standards in place? Yes No

4. Is there any personal use of Autos? Yes No
If yes, are spouses or children allowed access to Corporate owned Autos? Yes No

5. Do you have a Maintenance Program? *If yes, please provide details.* Yes No

6. How often are drivers required to check Autos? Daily Weekly Monthly

7. Please describe usage of all Hired Autos:

8. What type of Hired Autos: Commercial Auto-GVW: _____ Private Passenger Types: _____

9. Estimated annual cost of Hired Autos? \$ _____

10. Please describe usage and types of Non-owned Autos used:

11. How often are Non-owned Autos used? Daily Weekly Monthly

12. Do you require Employees to have their own insurance? Yes No
If yes, what are the minimum limits required? \$ _____

SECTION 11: PLEASE PROVIDE THE FOLLOWING:

- ACORD Applications – Including SOV, Equipment Schedule, Auto Schedule – VIN/GVW and Driver List
- 5 Year Currently Valued Loss Runs
- Verification of Underlying Employers' Liability Limits (*Minimum Limits are \$500K/\$500K/\$500K*)
- MVRs (*If applicable*)
- Dam Questionnaire (*If applicable*)

SECTION 12: NOTES:

Empty box for notes.

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate, and complete and that no material facts have been omitted, misrepresented, or misstated. I know of no other claims or lawsuits against the Applicant, and I know of no other events, incidents, or occurrences which might reasonably lead to a claim or lawsuit against the Applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Applicant Signature: _____ (Date)

Broker Signature: _____ (Date)

PLEASE READ CAREFULLY GENERAL FRAUD WARNING NOTICE

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 act, which is a crime and may subject the person to criminal and civil penalties.

STATE SPECIFIC FRAUD WARNING NOTICES

Arkansas Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Warning

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.

District of Columbia Fraud Warning

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by an applicant.

Florida Fraud Warning

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii Fraud Warning

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Fraud Warning

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire Statement of Residency

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

New Jersey Fraud Warning

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Fraud Warning

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation. Other Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio Fraud Warning

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Warning

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania Fraud Warning

All Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. Motor Vehicle Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington Fraud Warning

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

POLICY CANCELLATION PROCEDURE

Pro Rata Calculation

We will compute return premium pro rata and round to the next highest whole dollar when a policy is cancelled:

- At the company's request;
- Because the insured no longer has a financial or insurable interest in the property or business operation that is the subject of insurance;
- Rewritten in the same company or company group; or
- After the first year for a prepaid policy written for a term of more than one year.

Other Cancellations

If preceding paragraph does not apply, we will compute return premium at .90 of the pro rata unearned premium and round to the next higher whole dollar.

DAM - QUESTIONNAIRE

NOTE: IF THE ENTITY MAINTAINS MORE THAN ONE DAM, A SEPARATE QUESTIONNAIRE MUST BE COMPLETED FOR EACH STRUCTURE. MANDATORY: PLEASE FORWARD COPIES OF LATEST INSPECTION REPORTS.

1.	Structure Name:	
	Location Address:	
2.	Year Built:	
3.	Built under the direction of:	<input type="checkbox"/> Entity <input type="checkbox"/> Bureau of Reclamation <input type="checkbox"/> Dept. of Agriculture <input type="checkbox"/> Dept. of Interior <input type="checkbox"/> Corp of Engineers <input type="checkbox"/> Other
4.	Purpose <i>Check all applicable.:</i>	<input type="checkbox"/> Flood <input type="checkbox"/> Irrigation <input type="checkbox"/> Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Power
5.	Construction:	<input type="checkbox"/> Concrete <input type="checkbox"/> Earth <input type="checkbox"/> Steel Sheet <input type="checkbox"/> Other
6.	Dimensions:	Acre/Feet: Top Width: Storage Capacity: Height: Base Width:
7.	How frequently is the Dam Inspected?	By Whom?
	Has Risk been included under the National Program for Dam Inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Name of Tributary Rivers of Impoundment Waters:	Upstream Downstream
9.	How is the Water Level Controlled?	<input type="checkbox"/> Gates <input type="checkbox"/> Spillway <input type="checkbox"/> Other
	■ If Gates, What type?	
	■ How are Gates operated?	<input type="checkbox"/> Manually <input type="checkbox"/> Automatically
10.	Upstream Exposures - Are there Exposures to any of the following:	
	■ <input type="checkbox"/> Structures – <i>If yes, describe specifics. Incl. Distances, etc.</i>	
	■ <input type="checkbox"/> Industrial Complexes – <i>If yes, describe specifics. Incl. Distances, etc.</i>	
	■ <input type="checkbox"/> Housing – <i>If yes, describe specifics. Incl. Distances, etc.</i>	
	■ <input type="checkbox"/> Recreational Areas – <i>If yes, describe specifics. Incl. Distances, etc.; Type: Swimming, Boating, Camping, etc.</i>	
11.	Downstream Exposures – Must be Completed for All Items Listed Below:	
	■ <input type="checkbox"/> Housing – <i>If yes, describe specifics. Incl. Distances, etc.</i>	
	■ <input type="checkbox"/> Other Structures – <i>If yes, describe specifics. Incl. Distances, etc.</i>	
	■ <input type="checkbox"/> Industrial Complexes – <i>If yes, describe specifics. Incl. Distances, etc.</i>	
	■ <input type="checkbox"/> Pumping Stations – <i>If yes, describe specifics. Incl. Distances, etc.</i>	
	■ <input type="checkbox"/> Bridges – <i>If yes, describe specifics. Incl. Distances, etc.</i>	
	■ <input type="checkbox"/> Highways – <i>If yes, describe specifics. Incl: Distances, Interstate, State Route, Country Rd, Paved/Unpaved, etc.</i>	
	■ <input type="checkbox"/> Agricultural Areas – <i>If yes, describe specifics. Incl. Distances, etc.</i>	
	■ Is there Exposure to:	Livestock? <input type="checkbox"/> Yes <input type="checkbox"/> No Crops? <input type="checkbox"/> Yes <input type="checkbox"/> No Dwellings? <input type="checkbox"/> Yes <input type="checkbox"/> No Barns & Sheds? <input type="checkbox"/> Yes <input type="checkbox"/> No
	■ <input type="checkbox"/> Recreational Areas – <i>If yes, please be specific: (Incl. Distances, etc...)</i>	