Request No. AG-7-35 (Electric)
Referring to Schedule MHC-7-7, please provide the invoices for each of the "Property and Liability Insurance Expenses" for calendar year 2002. Please also provide all workpapers, calculations, formulas, assumptions, and supporting documentation used to determine the General Liability Claims.

Response:
Attachment AG-7-35 (Electric) provides invoices for each specific Insurance category as listed on Schedule MHC-7-9 (electric) lines 1-3, and 7-10. All but one of the insurance coverages are on a total Unitil Corp basis, are paid by Unitil Service Corp and allocated to the various companies per an allocation methodology. Workers Compensation is the only coverage that is specific by company. There are two allocation methodologies, specific factor and general allocator. A specific factor situation is where a specific statistical factor relates to a particular cost, i.e. is the cost driver. For example, Auto Liability uses the number of vehicles as the allocator. A general allocator is where no specific factor relates to a cost. Examples of general coverages are: Excess Liability, Directors' & Officers Liability, Fiduciary and Crime. The general allocator used by Unitil is a weighted average of Plant, Revenues and Salaries or 44.5%.

Premium invoices for two coverages do not agree to Schedule MHC-7-7 (electric). Schedule MHC-7-7 was prepared prior to receiving the final premium determinations. The amount for Crime was filed as $2,777 and was actually $2,314. The estimate for Transit was filed as $5,292 and the final premium was $5,602. The net increase of $153 will be included as an adjustment to the May 2002 filing.

The following identifies the attachments by insurance coverage as listed on Schedule MHC-7-7 (electric).

				----------FG&E----------	
Attch AG-7-35	Coverage Type	Allocation Basis	Invoice Amt	Filed Amt	Actual Amt
1. Pg 1 of 14	All Risk Property	Value of Property	$ 99,604	$ 48,961	$ 48,961
2. Pg 2 of 14	Crime	General (44.5%)	5,200	2,777	2,314
3. Pg 3 of 14	Transit	Value of Equipment	7,716	5,292	5,602
Total Property			**112,520**	**57,030**	**56,877**
4. Pg 4-10 of 14	Workers Comp	Direct Charge	$ 190,260	$ 190,279	$ 190,260
5. Pg 11 of 14	Excess Liability	General (44.5%)	236,563	111,724	111,714
6. Pg 12-13 of 14	D & O	General (44.5%)	120,713	53,717	53,717
7. Pg 14 of 14	Fiduciary	General (44.5%)	14,540	6,470	6,470
Total Liability			**562,076**	**362,190**	**362,161**

Person Responsible: Mark H. Collin

McCarthy Ins Agency, Inc.
Hub International Limited Co
Andover Street
Wilmington, MA 01887
Phone.: 978-657-5100 Fax : 978-658-9185

INVOICE#	88370	
UNITI-1	MT	04/[illegible]/02
ST2605623		
A.LG		
05/01/02	05/01/03	05/01/02

Unitil Corporation
6 Liberty Lane West
Hampton, NH 03842-1720

616312	05/01/02	REN	Property - 2002-2003	$ 99,604.00
			Invoice Balance:	$ 99,604.00

RECEIVED
APR 15 2002
ACCOUNTS PAYABLE

Property Coverage - 3rd year Anniversary Installment billing
2002 - 2003

J McCarthy Ins Agency, Inc.
A Hub International Limited Co
229 Andover Street
Wilmington, MA 01887
Phone : 978-657-5100 Fax : 978-658-9185

INVOICE#	86019	
UNITI-1	MT	[illegible]
BDN1575391		
Hanover Insurance Company		
02/01/00	02/01/03	[illegible]

Unitil Corporation
6 Liberty Lane West
Hampton, NH 03842-1720

[illegible]	[illegible]	[illegible]	[illegible]		[illegible]
579965	02/01/02	NIS	Crime Bond- 3rd year Install.	$	5,200.00
			Invoice Balance:	$	5,200.00

OK Pg
Regent
32486

Crime Bond-3rd year Installment 02/01/02 - 02/01/03

McCarthy Ins Agency, Inc.
Hub International Limited Co
229 Andover Street
Wilmington, MA 01887
Phone : 978-657-5100 Fax : 978-658-9185

INVOICE# 88460

UNITI-1	MT	04/10/02

MXI97000148

Firemen's Fund Ins. Co.

05/01/02	05/01/03	05/01/02

Unitil Corporation
6 Liberty Lane West
Hampton, NH 03842-1720

617105	05/01/02	REN	Equipment Policy - 2002-2003	$	7,716.00
			Invoice Balance:	$	7,716.00

Request 34258

Mobile /transit

Equipment Policy

Inv. # 716X99

Property Casualty
A Member of The Travelers Group

00174

TRAVELERS
P.O. BOX 96359
CHICAGO IL 60693-6359

PREMIUM BILL

ASSIGNED RISK-WORKERS' COMPENSATION INSURANCE

Date of Bill: 01/04/02
Policy Number: 716X9999

DIRECT INQUIRIES TO:
THE TRAVELERS
P.O. BOX 3556
ORLANDO FL 32802-3554

1-800-443-4494
1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT
CO
5 MCGUIRE STREET
ATTN: THOMAS GATHERUM
CONCORD NH 03301

Amount Due	$15,855.00
Date Due	02/03/02

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

DESCRIPTION			PREMIUM
POLICY PERIOD	EFFECTIVE DATE 12/31/01	EXPIRATION DATE 12/31/02	
INSTALLMENT	DUE DATE	01/31/02	$15,855.00
		TOTAL AMOUNT DUE	$15,855.00

#31188

** PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE", **
** CANCELLATION PROCEDURES WILL BE INITIATED. **

SEE REVERSE SIDE FOR MORE INFORMATION

TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

Vouchered by:	Voucher Month: Jan-02
PrePaid Check#:	Batch#: 202900907
Approved By:	Return Check To: Payee

TravelersPropertyCasualty
A Member of Travelers Group

00176

THE TRAVELERS
P.O. BOX 96359
CHICAGO IL 60693-6359

PREMIUM BILL

ASSIGNED RISK-WORKERS' COMPENSATION INSURANCE

Date of Bill: 01/29/02
Policy Number: 716X9999

DIRECT INQUIRIES TO:
THE TRAVELERS
P.O. BOX 3556
ORLANDO FL 32802-3556

1-800-443-4404
1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT
CO
5 MCGUIRE STREET
ATTN: THOMAS GATHERUM
CONCORD NH 03301

Amount Due	$15,855.00
Date Due	02/28/02

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

DESCRIPTION			PREMIUM
POLICY PERIOD	EFFECTIVE DATE 12/31/01	EXPIRATION DATE 12/31/02	
INSTALLMENT	DUE DATE	02/28/02	$15,855.00
		TOTAL AMOUNT DUE	$15,855.00

RECEIVED
FEB 13 2002
ACCOUNT

#31188

** PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE", **
** CANCELLATION PROCEDURES WILL BE INITIATED. **

SEE REVERSE SIDE FOR MORE INFORMATION

TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

Vouchered by:	Voucher Month:
PrePaid Check#:	Batch#: 202900927
Approved By:	Return Check To: Payee

Property Casualty
A member of Travelers Group

00145

TRAVELERS
BOX 96359
CHICAGO IL 60693-6359

PREMIUM BILL

ASSIGNED RISK-WORKERS' COMPENSATION INSURANCE

Date of Bill: 03/01/02
Policy Number: 716X9999

DIRECT INQUIRIES TO:
THE TRAVELERS
P.O. BOX 3556
ORLANDO FL 32802-3556

1-800-443-4494
1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT
CO
5 MCGUIRE STREET
ATTN: THOMAS GATHERUM
CONCORD NH 03301

Amount Due	$15,855.00
Date Due	03/31/02

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

DESCRIPTION			PREMIUM
POLICY PERIOD	EFFECTIVE DATE 12/31/01	EXPIRATION DATE 12/31/02	
INSTALLMENT	DUE DATE	03/28/02	$15,855.00
		TOTAL AMOUNT DUE	$15,855.00

RECEIVED
MAR 12 2002
ACCOUNTING

** PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE", **
** CANCELLATION PROCEDURES WILL BE INITIATED. **

#31180

SEE REVERSE SIDE FOR MORE INFORMATION

TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

Vouchered by: cf	Voucher Month: March
PrePaid Check#:	Batch#: 202900948
Approved By:	Return Check To: Payee

Tuesday, March 12, 2002

910:# 716X9

Property Casualty
A Member of Travelers Group

00142

TRAVELERS
P.O. BOX 96359
CHICAGO IL 60693-6359

PREMIUM BILL

ASSIGNED RISK-WORKERS' COMPENSATION INSURANCE

Date of Bill: 03/29/02
Policy Number: 716X9999

DIRECT INQUIRIES TO:
THE TRAVELERS
P.O. BOX 3556
ORLANDO FL 32802-3556

1-800-443-4404
1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT
CO
5 MCGUIRE STREET
ATTN: THOMAS GATHERUM
CONCORD NH 03301

Amount Due	$15,855.00
Date Due	04/28/02

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

DESCRIPTION			PREMIUM
POLICY PERIOD	EFFECTIVE DATE 12/31/01	EXPIRATION DATE 12/31/02	
INSTALLMENT	DUE DATE	04/28/02	$15,855.00
		TOTAL AMOUNT DUE	$15,855.00

#31188

** PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE", **
** CANCELLATION PROCEDURES WILL BE INITIATED. **

SEE REVERSE SIDE FOR MORE INFORMATION

TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

Vouchered by:	Voucher Month: April
PrePaid Check#:	Batch#: 202900968
Approved By:	Return Check To: Payee

Wednesday, April 10, 2002

PropertyCasualty
A member of Travelers Group

00148

THE TRAVELERS
P.O. BOX 96359
CHICAGO IL 60693-6359

PREMIUM
ASSIGNED RISK-WORKERS' COM

Date of Bill: 04/29/02
Policy Number: 716X9999

DIRECT INQUIRIES TO:
THE TRAVELERS
P.O. BOX 3556
ORLANDO FL 32802-3556

1-800-443-4404
1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT
CO
5 MCGUIRE STREET
ATTN: THOMAS GATHERUM
CONCORD NH 03301

Amount Due	$15,855.00
Date Due	05/29/02

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

DESCRIPTION			PREMIUM
POLICY PERIOD	EFFECTIVE DATE 12/31/01	EXPIRATION DATE 12/31/02	
INSTALLMENT	DUE DATE	05/28/02	$15,855.00
		TOTAL AMOUNT DUE	$15,855.00

** PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE", **
** CANCELLATION PROCEDURES WILL BE INITIATED. **

#31188

SEE REVERSE SIDE FOR MORE INFORMATION

TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

Vouchered by:	Voucher Month: May
PrePaid Check#:	Batch#: 202900986
Approved By:	Return Check To: Payee

.opertyCasualty
A Member of Travelers Group

00114

.AVELERS
. BOX 96359
CHICAGO IL 60693-6359

PREMIUM BILL

ASSIGNED RISK-WORKERS' COMPENSATION INSURANCE

Date of Bill: 05/29/02
Policy Number: 716X9999

DIRECT INQUIRIES TO:
THE TRAVELERS
P.O. BOX 3556
ORLANDO FL 32802-3556

1-800-443-4404
1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT
CO
5 MCGUIRE STREET
ATTN: THOMAS GATHERUM
CONCORD NH 03301

Amount Due	$15,855.00
Date Due	06/28/02

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

DESCRIPTION			PREMIUM
POLICY PERIOD	EFFECTIVE DATE 12/31/01	EXPIRATION DATE 12/31/02	
INSTALLMENT	DUE DATE	06/28/02	$15,855.00
		TOTAL AMOUNT DUE	$15,855.00

RECEIVED
JUN - 5 2002
ACCOUNTS

** PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE", **
** CANCELLATION PROCEDURES WILL BE INITIATED. **

SEE REVERSE SIDE FOR MORE INFORMATION

TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

Vouchered by:	Voucher Month: June
PrePaid Check#:	Batch#: 2029 01008
Approved By:	Return Check To: Payee

PropertyCasualty
A Member of Travelers Group

00136

THE TRAVELERS
P.O. BOX 96359
CHICAGO IL 60693-6359

PREMIUM BILL

ASSIGNED RISK-WORKERS' COMPENSATION INSURANCE

Date of Bill: 06/28/02
Policy Number: 716X9999

DIRECT INQUIRIES TO:
THE TRAVELERS
P.O. BOX 3556
ORLANDO FL 32802-3556

1-800-443-4404
1-800-247-7218 (FL)

FITCHBURG GAS & ELECTRIC LIGHT
CO
5 MCGUIRE STREET
ATTN: THOMAS GATHERUM
CONCORD NH 03301

Amount Due	$15,855.00
Date Due	07/28/02

PRODUCER: C J MCCARTHY INS AGCY

PAGE 1 OF 1

DESCRIPTION			PREMIUM
POLICY PERIOD	EFFECTIVE DATE 12/31/01	EXPIRATION DATE 12/31/02	
INSTALLMENT	DUE DATE	07/28/02	$15,855.00
		TOTAL AMOUNT DUE	$15,855.00

** PLEASE NOTE THAT IF YOUR PAYMENT IS NOT RECEIVED BY THE "DATE DUE", **
** CANCELLATION PROCEDURES WILL BE INITIATED. **

SEE REVERSE SIDE FOR MORE INFORMATION

TO ENSURE YOUR PAYMENT IS PROPERLY APPLIED, detach the return payment stub and mail to the return address below.

Vouchered by:	Voucher Month: July
PrePaid Check#:	Batch#: 202901034
Approved By:	Return Check To: Payee

Mail:
AEGIS Insurance Services, Inc.
P.O. Box 23538
Newark, NJ 07189

Wire Transfer:
Contact Your Underwriter
For Instructions

AEGIS
Associated Electric
& Gas Insurance
Services Limited

Overnight Delivery:
Associated Electric & Gas Insurance
Services Limited
c/o Fleet Bank
55 Challenger Road
Ridgefield Park, NJ 07660
Attn: Lockbox Department

Insured: UNITIL Corporation
6 Liberty Lane West
Hampton, NH 03482-1720

Invoice Number: 25345
Date of Invoice: 12/14/2001
Policy Number: X0467A1A01

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES				
FROM	TO	DESCRIPTION	PREMIUM CHARGE	PREMIUM CREDIT
12/31/2001	12/31/2002	Excess Liability Insurance Policy Eff. Dates: Dec. 31, 2001 to Dec. 31, 2002	$ 298,012	

Less Continuity Credit $ 61,449

AMOUNT DUE AEGIS $ 236,563

Request # 25345

JAN 22 2002

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE.
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

00467

SERIAL NUMBER 56398

Insurance Services, Inc.
Box 23538
ark, NJ 07189

Wire Transfer:
Contact Your Underwriter
For Instructions
INCLUDE INSURED NAME & AEGIS ORIGINAL INVOICE#

AEGIS
Associated Electric & Gas Insurance Services Limited

Overnight Delivery:
Associated Electric & Gas Insurance Services Limited
c/o Fleet Bank
55 Challenger Road
Ridgefield Park, NJ 07660
Attn: Lockbox Department

Insured: UNITIL Corporation
6 Liberty Lane West
Hampton, NH 03842-1720

Invoice Number: 25993
Date of Invoice: 03/29/2002
Policy Number: D0467A1A02

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES FROM	EFFECTIVE DATES TO	DESCRIPTION	PREMIUM CHARGE	PREMIUM CREDIT
04/28/2002	04/28/2003	Directors and Officers Liability Insurance, effective April 28, 2002 to April 28, 2003.	$ 229,139	
		Less Continuity Credit		$ 123,426
		AMOUNT DUE AEGIS	$ 105,713	

Request 34260

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE.
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

00467 SERIAL NUMBER 57136

McCarthy Ins Agency, Inc.
A Hub International Limited Co
229 Andover Street
Wilmington, MA 01887
Phone : 978-657-5100 Fax : 978-658-9185

INVOICE# 88164 Page 1

ACCOUNT NO.	OF	DATE
UNITI-1	MT	04/03/02

POLICY INFORMATION

POLICY #
CONSULTANT FEE

COMPANY
Associated Electric & Gas Ins.

EFFECTIVE	EXPIRATION	BALANCE DUE ON
05/01/02	05/01/03	05/01/02

Unitil Corporation
6 Liberty Lane West
Hampton, NH 03842-1720

Itm #	Eff Date	Trn	Description		Amount
614533	05/01/02	AFE	Consulting Fee-D&O Cov	$	15,000.00
			Invoice Balance:	$	15,000.00

Request 34257

Consulting Fee - Directors & Officers - 2002-2003

*** PLEASE RETURN ONE COPY WITH YOUR REMITTANCE ***

AEGIS Insurance Services, Inc.
P.O. Box 23538
Newark, NJ 07189

Wire Transfer:
Contact Your Underwriter
For Instructions

AEGIS
Associated Electric
& Gas Insurance
Services Limited

Overnight Delivery:
Associated Electric & Gas Insurance
Services Limited
c/o Fleet Bank
55 Challenger Road
Ridgefield Park, NJ 07660
Attn: Lockbox Department

Insured: Unitil Corporation
6 Liberty Lane West
Hampton, NH 03842-1720

Invoice Number: 25346
Date of Invoice: 12/14/2001
Policy Number: F0467A1A01

THIS PREMIUM MAY BE SUBJECT TO STATE AND/OR LOCAL PREMIUM TAXES OR FEES.
IT IS THE INSURED'S RESPONSIBILITY TO PAY ANY APPLICABLE TAXES AND/OR FEES AND TO MAKE THOSE PAYMENTS DIRECTLY TO THE APPROPRIATE STATE OR LOCAL AGENCY.

EFFECTIVE DATES			PREMIUM	PREMIUM
FROM	TO	DESCRIPTION	CHARGE	CREDIT
12/31/2001	12/31/2002	Fiduciary and Employee Benefit Liability Insurance Policy, effective December 31, 2001 to December 31, 2002.	$ 14,540	

AMOUNT DUE AEGIS $ 14,540

Request # 25346

JAN 2 2 2002

PAYMENT DUE THE LATER OF 20 DAYS FROM EFFECTIVE DATE OR 15 DAYS FROM INVOICE DATE.
AN ADDITIONAL CHARGE BASED ON A RATE OF 2% PER MONTH WILL BE MADE ON PAST DUE AMOUNTS.

PLEASE MAKE CHECKS PAYABLE TO AEGIS INSURANCE SERVICES, INC. AND RETURN ONE COPY OF THIS INVOICE WITH PAYMENT.

00467 SERIAL NUMBER 56358