

WATER DISTRICT APPLICATION

PLEASE ANSWER ALL QUESTIONS
IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

1. Name of Applicant: _____

2. Mailing address: _____
_____ Website Address: _____

3. How long has the Water District been in operation? _____

4. Is the District licensed? YES NO

5. Description of water system and number of customers served:
a) Domestic: _____
b) Industrial/Commercial: _____
c) Farms: _____

6. Describe source of water system (i.e. ground water/wells, surface water/rivers, reservoirs, irrigation canals):

7. Describe the water delivery system, including age, condition, filtering and construction of pipes:

How frequently is it inspected? _____
By whom? _____
Methods used? _____

8. Describe storage facilities, including reservoirs, tanks, dams or other, including location and age:
a) Dams (State Name, Age, Location, Dimensions and Water Rights, Branch Dam Classification)

b) Reservoirs (State location, age and capacity): _____
c) Miscellaneous storage tanks, etc.: _____
d) How frequently are they inspected? _____
e) By whom? _____
f) Methods used? _____

9. Water Testing:

a) How frequently is water tested for organic contaminants, bacteria and chemicals?

b) Who performs the testing?

c) Have there ever been any boil water advisories? No Yes If yes, please provide details.

10. Provide details of water analysis records kept by the District:

11. Does the District have an emergency plan? (Details)

12. Is Water Purification/Treatment performed: No Yes Frequency:

Detail chemical used and how purification/treatment is done:

13. Is the water guarded against vandalism? Details:

14. Is Liability assumed under contract? (If yes, provide details and a copy of the contract):

15. Is Water Works District exonerated from liability for failure to supply water to their customers?

Yes No, If so provide relevant copy of the Act (Incorporating the water works district) that exonerates the Water Works District:

16. Are major expansion, construction projects anticipated in the immediate future? No Yes, If so give details:

17. (a) State the number of employees in the District and their positions:

(b) For each employee, please state experience and qualifications and **attach copy of certification.**

18. Are all employees covered under WSIB?

Yes No

If no, please list numbers by job description and estimated payroll:

Total payroll : \$ _____ No. of Employees : _____

19. Annual number of cubic meters/gallons of water sold: _____
 a) Annual Receipts: \$ _____

20. Details of any unlicensed mobile equipment owned or leased by the District. _____

21. Number of trenches or "manholes"? _____
 Are they left open after hours? _____

22. Description of all operations undertaken by the District: _____

23. Does applicant presently carry insurance? Yes No
 If yes, who is present insurer? _____ Premium: _____
 Is present insurance Claims Made? YES NO If Yes, state retro date _____

24. Are they willing to renew? YES NO
 If no, please explain: _____
 Does the policy cover all operations of the Insured? YES NO
 If no, please describe: _____

25. Claims History:

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO
 If yes, give details: _____

26. Non-Owned Automobile

Number of employees using their cars on company business: Regularly _____
 Occasionally _____
 Estimated annual cost of hired cars: \$ _____
 Estimated annual cost of cars operated under contract: \$ _____

27. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____

Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed: YES NO

28. Please indicate limit(s) of liability required: _____

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKER NAME: _____
ADDRESS: _____

PHONE NO.: _____
FAX NO.: _____

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