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**Water & Sewer District Supplemental Application
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Named Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |
| --- |
| **Water and/or Sewer Utility** |

Who owns the applicant facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the applicant organization a \_\_\_\_\_Water District \_\_\_\_\_ Sewer District \_\_\_\_\_ Combined District

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEIN/SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quote Needed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Water**

What was the annual distribution of water last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons

What is the projected distribution of water for the coming year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_gallons

What is the maximum annual water distribution capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_gallons

What was the total water distribution revenue last year? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many connections are \_\_\_\_\_\_\_\_\_\_\_Domestic \_\_\_\_\_\_\_\_\_Commercial \_\_\_\_\_\_\_\_\_\_\_Industrial

What percentage of use is: \_\_\_\_\_\_\_\_\_Domestic \_\_\_\_\_\_\_\_\_Commercial \_\_\_\_\_\_\_\_Industrial

1. What is the source of the water Supply? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How is the water stored? (**Check all that apply**)

\_\_\_\_\_ Open reservoir Number of gallons: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Open surface tanks Number of gallons: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Elevated tanks Number of gallons: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Enclosed ground level tanks Number of gallons: \_\_\_\_\_\_\_\_\_\_\_\_

1. Composition of distribution mains and pipe:

Lead: \_\_\_\_\_% Cast Iron: \_\_\_\_\_% Asbestos: \_\_\_\_\_%

Plastic: \_\_\_\_\_% Clay: \_\_\_\_\_% other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

1. If there is lead pipe, is lead testing conducted? \_\_\_\_\_Yes \_\_\_\_\_No
2. Number of users: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_ Agricultural: \_\_\_\_\_
3. Number of: Water tanks: \_\_\_\_\_ Water treatment plants: \_\_\_\_\_ Water towers: \_\_\_\_\_
4. Is security provided at treatment plants and open storage areas? \_\_\_\_\_Yes \_\_\_\_\_No

7.A. Describe the security provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is water provided to neighboring entities? \_\_\_\_\_Yes \_\_\_\_\_No
2. Is water distributed from any open reservoir or open storage directly to users? \_\_\_\_Yes \_\_\_\_No
3. Is waterline construction done by the Applicant? \_\_\_\_\_Yes \_\_\_\_\_No
4. If yes, what operations are sub-contracted?

11.A. What are the sub-contracted costs? (if applicable): $\_\_\_\_\_\_\_\_\_\_

11. B. Are Certificates of Insurance required from the sub-contractors? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. C. Is the District listed as an Additional Insured? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Is the waterline maintenance done by the Applicant? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, what operations are sub-contracted?

1. Number of miles of pipes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Approximate percent of waterlines (mains) more than 8-inch diameter: \_\_\_\_\_%
3. What is the age of the oldest waterline? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is the mileage of the oldest waterline? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How often are water mains/lines inspected by line cameras? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How often are water mains/lines cleaned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Please describe the overall type of piping used, the maintenance program, and the replacement program:
8. Has the Applicant completed monitoring for lead in the drinking water? \_\_\_\_Yes \_\_\_\_\_No
Date completed: \_\_\_\_\_\_\_
Test results:
 Tap water monitoring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Water quality monitoring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Lead source water monitoring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**If test results exceed the lead action level of 15 ppb, please comment on treatment techniques relating to (a) corrosion control, (b) source water, (c) public education, or (d) lead service line replacement as applicable.**

 How often does the Applicant test for other contaminants? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
By which regulatory agent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the Applicant have a fully computerized water system (i.e. SCADA)? \_\_\_\_Yes \_\_\_\_\_No
2. What water chemicals are used by the Applicant?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How often are filters within the treatment and distribution system changed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Has the Applicant ever been cited or fined for non-compliance of required
standards? **If yes, please provide details, copy of non-compliance
notice(s) and action(s) taken to correct problem(s).** \_\_\_\_Yes \_\_\_\_\_No
5. Does the operation utilize submersible pumps below fifty (50) feet? \_\_\_\_Yes \_\_\_\_\_No
If yes, indicate horsepower: \_\_\_\_\_\_\_
a. Is a preventative maintenance program or annual service contract in
 place? \_\_\_\_Yes \_\_\_\_\_No
b. Please indicate (if any) the services performed on deep well pumps:
 Sampling of pump discharge for sediments? \_\_\_\_Yes \_\_\_\_\_No
 Bearing lubrication? \_\_\_\_Yes \_\_\_\_\_No
 Motor amperage draw? \_\_\_\_Yes \_\_\_\_\_No
 Routine checks of all packing glands? \_\_\_\_Yes \_\_\_\_\_No
6. Bridges, Dams, Lakes
	1. How many bridges are owned or maintained by the entity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How often are brides inspected? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. How many bridges have not passed inspection? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. How many dams are owned or maintained by the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. How often are they inspected? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. How many dams have not passed inspection? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	7. How many acre feet of water are impounded by the dam? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	8. How many lakes are owned or maintained by the entity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	9. Is recreation allowed on or at the lake(s) \_\_\_\_\_\_Yes \_\_\_\_\_No
	10. Describe the recreational activities if allowed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sewer Section**

What was the annual sewage collection last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_gallons

What is the projected sewage collection for the coming year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_gallons

What is the maximum annual sewage collection and treatment capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_gallons

What was the total sewage revenue last year? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many connections are \_\_\_\_\_\_\_\_\_\_Domestic \_\_\_\_\_\_\_\_\_\_\_\_Commercial \_\_\_\_\_\_\_\_\_\_\_Industrial

What percentage of connections are: \_\_\_\_\_Domestic \_\_\_\_\_\_\_Commercial \_\_\_\_\_\_\_ Industrial

Is there complete separation of storm and sanitary sewers? \_\_\_\_\_ Yes \_\_\_\_\_ No

What customer is the largest single discharger into your sewer system?

What system is in place to prevent sewage backup into user’s homes and businesses? Describe

Are all large agricultural and industrial customers required to pre-treat industrial or agricultural wastes before discharging sewage into the sewer system? \_\_\_\_\_ Yes \_\_\_\_\_No

Is a monitoring system in place to determine if industrial or agricultural wastes are in violation of your standards? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where is your effluent discharged? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What level of treatment is your final effluent discharge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Water and/or Sewer Service Population History**

|  |  |
| --- | --- |
| YEAR | POPULATION |
|  |  |
|  |  |
|  |  |

**Please Attach a Copy of Your Current Budget Report \_\_\_\_\_ Yes, Attached**

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth In this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the Information in this Application changes prior to the effective date of the policy, this Applicant will notify the Company of such changes and the company may modify or withdraw the quote or binder.

The signing of this Application does not bind the company to offer, or the Applicant to purchase the policy.

VIRGINA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANYTIME THEREAFTER FOR REASONS STATED INTHE POLICY.

FFAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWNGLY AND WITH INTENT TO DEFRAUD ANY INSUMNCE COMPANY OR OTHER PERSON FILES AN APPLICAIION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OFMISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS

($5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
NAME (PLEASE PRINT/TYPE) TITLE

 (MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR
 EXECUTIVE DIRECTOR)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
SIGNATURE DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
PRODUCER AGENCY

(If this a Florida Risk, Producer means Florida Licensed Agent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRODUCER LICENSE NUMBER
(If this Florida Risk, Producer means Florida Licensed Agent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (STREET, CITY, STATE, ZIP)