



Named Insured: _____

Address: _____

Website: _____ Facebook Page: _____

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)

- | | |
|--|--------------------------|
| <input type="checkbox"/> Open reservoir | Number of gallons: _____ |
| <input type="checkbox"/> Open surface tanks | Number of gallons: _____ |
| <input type="checkbox"/> Elevated tanks | Number of gallons: _____ |
| <input type="checkbox"/> Enclosed ground level tanks | Number of gallons: _____ |

3. Composition of distribution mains and pipe:

- Lead: _____% Cast Iron: _____% Asbestos: _____%
Plastic: _____% Clay: _____% other (specify): _____%

4. If there is lead pipe, is lead testing conducted? Yes No

5. Number of users: Residential: _____ Commercial: _____ Industrial: _____ Agricultural: _____

6. Number of: Water tanks: _____ Water treatment plants: _____ Water towers: _____

7. Is security provided at treatment plants and open storage areas? Yes No

7.A. Describe the security provided: _____

8. Is water provided to neighboring entities? Yes No

9. Is water distributed from any open reservoir or open storage directly to users? Yes No

10. Is waterline construction done by the Applicant? Yes No

11. 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

12. Is the waterline maintenance done by the Applicant? Yes No

If yes, what operations are sub-contracted?

13. Number of miles of pipes: _____
- a. Approximate percent of waterlines (mains) more than 8-inch diameter: _____%
 - b. What is the age of the oldest waterline? _____
 - c. What is the mileage of the oldest waterline? _____

14. How often are water mains/lines inspected by line cameras? _____

15. How often are water mains/lines cleaned? _____

16. Please describe the overall type of piping used, the maintenance program, and the replacement program:

17. 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? _____

18. Does the Applicant have a fully computerized water system (i.e. SCADA)? ___ Yes ___ No

19. What water chemicals are used by the Applicant?

20. How often are filters within the treatment and distribution system changed? _____

21. 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

22. 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

23. Bridges, Dams, Lakes

- a. How many bridges are owned or maintained by the entity? _____
- b. How often are bridges inspected? _____
- c. How many bridges have not passed inspection? _____
- d. How many dams are owned or maintained by the applicant? _____
- e. How often are they inspected? _____
- f. How many dams have not passed inspection? _____
- g. How many acre feet of water are impounded by the dam? _____
- h. How many lakes are owned or maintained by the entity? _____
- i. Is recreation allowed on or at the lake(s) ___ Yes ___ No
- j. 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

Section B – Workers Compensation

1. Do you require Stop Gap Coverage in the following States?

Ohio, North Dakota, Washington, Wyoming? Yes No

If "Yes," please list the annual payroll in those states. \$ _____

2. What is the payroll of your company excluding all officers? \$ _____

3. What is the payroll of for the officers in your company? \$ _____ Incl. Excl.

4. List your current payroll by Classification below: (Use a separate sheet for each state)

STATE	CLASS	# OF EMPLOYEES	GENERAL WORK DESCRIPTION	ANNUAL PAY
	8742		Company Owners or Corp Officers	
	8742		Outside Sales	
	8601		Consultant - Outside	
	8603		Consultant – Inside	
	4511		Chemical Analyst	
	8018		Distributor	
	8742		Mfg. Representative	
	5183		Field Technician-Water Treatment	
	4828		Chemical Mixing or Blending	
	5183		Water Softening/Filter Installation	
	8810		Clerical	

5. Has your company been issued an Experience Rating Modification (MOD)? Yes No

6. If “YES” what is your MOD? _____

Section C – Auto

1. How many company owned autos do you have? _____

2. Please complete the following chart:

NO. AUTOS	TYPE OF AUTO	MAKE/MODEL	COST NEW	STATE VEH IS LICENSED IN
	Passenger			
	SUV			
	Pick Up			
	Van			
	Box Truck			
	Semi Tractor			

	Heavy > 20,000 < 45,000 Pound			
	Extra Heavy > 45,000 Pounds			
	Trailers			

3. Please complete driver information: (If more than 9 drivers, please use separate sheet)

DRIVER NAME:	DATE OF BIRTH:	SS NUMBER:	LICENSE STATE:	LICENSE NUMBER:

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.

VIRGINIA 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 IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED 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
(If this a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

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

ADDRESS (STREET, CITY, STATE, ZIP)