

ALBERTA IRRIGATION DISTRICTS AND COMMISSIONS
LIABILITY INSURANCE RENEWAL APPLICATION



INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms;
2. Sign and date the completed form;
3. Please provide a copy of your Annual Return by the first Friday in September.

By Fax: (780) 955-3615
By Mail: 2510 Sparrow Drive, Nisku, AB T9E 8N5
By Email: forms@RMAInsurance.com

GENERAL, CONTACT ORGANIZATION INFORMATION

MEMBER (LEGAL) NAME _____ MEMBER ID# _____

MAILING ADDRESS _____ POSTAL CODE _____

WEBSITE ADDRESS _____

Number of Employees _____ Number of Volunteers _____ Number of Board Members _____

Current Year's Budget \$ _____ Last Year's Revenue \$ _____

Main Contact _____ Phone _____ Fax _____

Position _____ Other/Cell Phone _____

Address _____ Email _____

Backup Contact _____ Phone _____ Fax _____

Position _____ Other/Cell Phone _____

Address _____ Email _____

In what County or MD does your organization operate? _____

Is your organization registered as a Not- for- Profit entity? Yes No

Does your organization have any other groups that are separately incorporated or governed, including subsidiaries? Yes No

If yes, please describe _____

Do you conduct any services/operations other than irrigation activities? Yes No

If "Yes", please itemize these below:

1. _____ 2. _____ 3. _____ 4. _____

SECTION A – LIABILITY INSURANCE

Please answer all questions – indicate N/A if Not Applicable

DETAILS OF IRRIGATION OPERATIONS

Description of all operations, services and activities undertaken by your organization:

Check the “Yes” or “No” box for each area:

Is the District/Commission required to be licensed? Yes No

Does your District/Commission supply, or is it required to provide, permitting? Yes No

1. Is Water Testing required? Yes No If “Yes”, please answer questions below:

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

b) Who performs the Testing? _____

c) Are records kept? Yes No If “Yes”, how far do they go back? _____

2. What is the Source(s) for your water system? Please indicate all that apply:

- Ground Water/ Runoff Wells Rivers/Surface Water Reservoirs
 Irrigation Canals Above Ground Pipelines Under Ground Pipelines Other (please indicate) _____

3. Describe your Storage Facilities (including dams, reservoirs and tanks and other) Please indicate location and age.

a) Dams: Name _____ Location: _____ Age: _____ Classification: _____
 Dimensions _____ Capacity _____ Water Rights _____ Branch Dam _____

b) Reservoirs: Location: _____ Age: _____ Capacity: _____

c) Storage Tanks (Above and Below Ground): Location: _____ Age: _____ Capacity: _____

(If insufficient space in any of the above for specific facilities, please use separate attachment, if necessary)

4. Area Served and Customer Base What is the Total Geographical Area Served by Your Organization? _____ hectares

a) Please state:

Kilometers of Rivers: _____ km Kilometers of Canals: _____ km Kilometers of Irrigation Service Lines: _____ km

b) Please indicate numbers of users/customers that you offer service to in each of the following categories:

Municipal #: _____ Residential #: _____ Industrial and/or Commercial #: _____ Farm #: _____

c) If applicable, annual number of cubic meters/gallons of water sold: _____ m3 Annual Receipts: \$ _____

5. Government Involvement / Regulation – Are any Facilities, Canals, Irrigation Service Lines required to be:

a) Assessed by the Government of Alberta? Yes No If “Yes”, please answer questions below:

Date of Last Assessment: _____ Recommendations Made: _____

b) In compliance with an applicable current Act(s), Statute or Regulations governing the Facility? Yes No If “No”:

Are you required or expected to be in compliance by a given date? Yes No Not Applicable

If “Yes”, what date?: _____

6. Policies and Procedures - Are all Procedures and Policies governing the irrigation operation:

- a) in writing? Yes No
- b) Clearly communicated and readily available to staff/volunteers? Yes No
- c) Reviewed at all levels of the organization to ensure they are in compliance with respect to duties outlined in the applicable Provincial Acts governing irrigation systems? Yes No

(Please use separate attachment to provide details on any "No" answers)

7. Installation, Service and Maintenance of Irrigation System Please check the "Yes" or "No" box for each area:

- Does your organization install your own irrigation service lines? Yes No
- Does your organization contract to install irrigation service lines owned by others? Yes No
- Does your organization maintain your owned irrigation service lines? Yes No
- Does your organization contract to maintain irrigation service lines owned by others? Yes No
- Does your organization have a system of regular testing and maintenance of all components of the water system and irrigation service lines throughout the full extent of the water system and irrigation service lines? Yes No

If "Yes", please provide details: _____

Does your organization perform any water purification or treatment work? Yes No

If "Yes", please indicate: a) Frequency _____ b) Chemicals used _____

c) How is purification/treatment done? _____

Does your organization sub-contract any work to outside contractors? Yes No If "Yes", please answer the following:

a) Total Cost of Work Sublet: _____ b) Nature of Work: _____

c) Do Sub-Contractors provide evidence of Liability Insurance? Yes - always Sometimes Don't Know No

8. Contractual Liabilities Assumed for Customers/Others Please check the "Yes" or "No" box for each area:

Do you assume any liability under your contractual agreements with customers? Yes No

If "Yes", please attach copy of contract

Do you assume any liability under contractual agreements with subcontractors, suppliers or any other entities? Yes No

If "Yes", please attach some samples of such agreements.

Is your organization exonerated from being liable for failure to supply water to customers? Yes No

If "Yes", please provide relevant copy of the Act (incorporating the organization) that exonerates your organization.

9. Miscellaneous Operational Issues Please check the "Yes" or "No" box for each area:

Are major expansions or construction projects anticipated in the early future? Yes No

If "Yes", please provide brief details: _____

Does your Organization have an Emergency Plan? Yes No

If "Yes", please provide sample(s) of your Plan _____

Is your water/irrigation system guarded against vandalism or malicious damage? Yes No Not Applicable

Please provide (or attach) details of any unlicensed mobile equipment owned or leased by your Organization:

10. Miscellaneous Liability Issues Please check the "Yes" or "No" box for each area:

Will your organization be hosting any events involving service, sale or consumption of alcohol in the upcoming year? Yes No

Will you be hosting other Special events where a large concentration of people is expected? Yes No

Do you rent or lease any space in your Buildings to other groups or organizations as tenants? Yes No

Do you operate or perform any activities outside of Alberta? Yes No

Do you provide or offer any legal or financial advice? Yes No

Do you conduct any scientific, chemical or similar research? Yes No

Do you provide or offer any sort of professional service to others that would usually require a fee being charged/paid? Yes No

Does anything you do involve handling materials that are environmentally sensitive or potential pollutants? Yes No

When was your Organization first established? Yes No

Signature of individual completing this application _____

Print Name _____

Title _____ Date _____