



LIABILITY WATERWORKS RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.

GENERAL

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

POSTAL CODE: _____

CONTACT: _____

PHONE #: _____

POSITION: _____

EMAIL: _____

OF EMPLOYEES: _____

GROSS PAYROLL: \$ _____

IS THE DISTRICT LICENSED? Yes No

List all employee positions:

OPERATIONS

1. How long has the water district been in operation? _____
2. Description of water system and number of customers served:
 - a. Domestic: _____
 - b. Industrial / Commercial: _____
 - c. Farms: _____

WATER SYSTEM

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

2. Describe the water delivery system:
 - a. Age: _____
 - b. Condition: _____
 - c. Filtering: _____
 - d. Pipe construction: _____

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STORAGE FACILITIES

Describe storage facilities, including reservoirs, tanks, dams, or other, including location and age.

- | | |
|--|--|
| <p>1. Dams</p> <p>a. Name: _____</p> <p>b. Age: _____</p> <p>c. Location: _____
_____</p> <p>d. Dimensions and water rights: _____
_____</p> <p>e. Branch dam classifications: _____

_____</p> | <p>2. Reservoirs</p> <p>a. Location: _____
_____</p> <p>b. Age: _____</p> <p>c. Capacity: _____</p> <p>3. Miscellaneous Storage Tanks: _____

_____</p> |
|--|--|

WATER TESTING

1. How frequently is water testing for organic contaminants, bacteria, and chemicals? _____

2. Who performs the testing? _____
3. Provide details of water analysis records kept by the district: _____
4. Does the district have an emergency plan? Yes No
 - a. If 'yes', please provide details. _____

5. Is water purification / treatment performed? Yes No
 - a. If 'yes', what is the frequency? _____
 - b. If 'yes', detail the chemicals used and how purification / treatment is done: _____

6. Is the water guarded against vandalism? Yes No
 - a. If 'yes', Please provide details: _____

LIABILITY

7. Is liability assumed under contract? Yes No
 - a. If yes, provide details and a copy of the contract: _____
8. Is Water Works District exonerated from liability for failure to supply water to their customers? Yes No
 - a. If 'yes', please provide the relevant copy of the Act (Incorporating the water works district) that exonerates the Water Works District and relevant details. _____

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SUBCONTRACTED WORK

1. What kind of work is subcontracted?
2. Do subcontractors provide evidence of insurance? Yes No
3. Cost of work sublet: \$ _____
4. Details of unlicensed mobile equipment owned or leased by the district:
5. Number of trenches of "manholes"? _____
6. Are they left open after hours? Yes No

CGL INSURANCE

1. Do you carry CGL insurance? Yes No
 - a. If 'yes', does it apply to products coverage arising out of water distribution? Yes No
2. Are you in possession of any specific information or constructive knowledge of any circumstance that may lead to a claim under the policy applied for? Yes No
 - a. If 'yes', please provide details: _____

OTHER

Description of all operations undertaken by the district:

Provide five years history of past insurance and losses of the district:

1. Are major expansion, construction projects anticipated in the immediate future? Yes No
 - a. If 'yes', please provide details: _____

2. Annual number of cubic meter / gallons of water sold: _____
 - a. Annual Receipts: \$ _____

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE