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ALBERTA IRRIGATION DISTRICTS & COMMISSIONS RENEWAL APPLICATION

INSTRUCTIONS:

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

GENERAL, CONTACT, & MUNICIPAL QUESTIONS

ORGANIZATION NAME:

MEMBER NO.

MUNICIPALITY:

MAILING ADDRESS:

CITY/TOWN:

POSTAL CODE:

WEBSITE:

NO. OF
EMPLOYEES:

NO. OF
VOLUNTEERS:

NO. OF CONTRACT
EMPLOYEES:

ANNUAL PAYROLL:

ANNUAL REVENUE:

♦ MAIN CONTACT:

PHONE NO.:

POSITION:

OTHER PHONE NO.:

ADDRESS:

EMAIL:

♦ BACKUP CONTACT:

PHONE NO.:

POSITION:

OTHER PHONE NO.:

ADDRESS:

EMAIL:

1. When was your organization first established? _____
2. Is your organization registered as a not-for-profit entity? ☐ Yes ☐ No
3. Does your organization have any other groups that are separately incorporated or governed, including subsidiaries? ☐ Yes ☐ No
If yes, please describe: _____
4. Do you conduct any services / operations other than irrigation activities? ☐ Yes ☐ No
If yes, please itemize below:
1) _____ 2) _____ 3) _____ 4) _____

Please describe your organization's operations, services, and day-to-day activities.

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LIABILITY INSURANCE

DETAILS OF IRRIGATION OPERATIONS

1. Is the District / Commission required to be licensed? ☐ Yes ☐ No
2. Does your District / Commission supply, or is it required to provide, permitting? ☐ Yes ☐ No

WATER TESTING

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? _____

WATER SYSTEM SOURCE

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Groundwater / runoff | <input type="checkbox"/> Rivers / surface water | <input type="checkbox"/> Reservoirs |
| <input type="checkbox"/> Irrigation canals | <input type="checkbox"/> Above ground pipelines | <input type="checkbox"/> Other (please indicate): _____ |
| <input type="checkbox"/> Wells | <input type="checkbox"/> Under ground pipelines | |

STORAGE FACILITIES

Describe your storage facilities (including dams, reservoirs and tanks, and other). Please indicate location and age. If more space is needed, please attach any required separate pages.

- | | |
|--|---|
| <ol style="list-style-type: none">1. Dams
Name: _____
Location: _____
Age: _____
Classification: _____
Dimensions: _____
Capacity: _____
Water Rights: _____
Branch Dam: _____ | <ol style="list-style-type: none">2. Reservoirs
Location: _____
Age: _____
Capacity: _____3. Storage tanks (above and below ground)
Location: _____
Age: _____
Capacity: _____ |
|--|---|

AREA SERVED & CUSTOMER BASE

1. What is the total geographical area served by your organization?
 - a. Hectares: _____
 - b. Km of rivers: _____
 - c. Km of canals: _____
 - d. Km of irrigation service lines: _____

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AREA SERVED & CUSTOMER BASE (CONT'D)

2. Please indicate the number of users / customers you offer service to in each of the following categories:

- a. Municipal #: _____ d. Industrial and / or commercial #: _____
b. Residential #: _____
c. Farm #: _____

3. If applicable, what is the annual amount of water sold?

- a. _____ m³ b. Annual Receipts: \$ _____

GOVERNMENT INVOLVEMENT / REGULATION

1. Are there any facilities, canals, irrigation service lines required to be:

- a. Assessed by the Government of Alberta? ☐ Yes ☐ No

If "yes", answer the following questions:

When was the date of last assessment? _____

What were the recommendations? _____

- b. In compliance with an applicable current Act(s), Statute of 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", please provide the date: _____

POLICIES & PROCEDURES

NOTE: For all "no" responses, please provide details on a separate page.

1. 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

INSTALLATION, SERVICE, & MAINTENANCE OF IRRIGATION SYSTEM

1. Does your organization install your own irrigation service lines? ☐ Yes ☐ No
2. Does your organization contract to install irrigation service lines owned by others? ☐ Yes ☐ No
3. Does your organization maintain your owned irrigation service lines? ☐ Yes ☐ No
4. Does your organization contract to maintain irrigation service lines owned by others? ☐ Yes ☐ No
5. 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: _____

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

If "yes", answer the following questions:

- a. How frequently was it performed? _____

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INSTALLATION, SERVICE, & MAINTENANCE OF IRRIGATION SYSTEM (CONT'D)

- b. What chemicals were used? _____
- c. How is purification / treatment done? _____
7. Does your organization sub-contract work to outside contractors? ☐ Yes ☐ No
- 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 ☐ Never

CONTRACTUAL LIABILITIES ASSUMED FOR CUSTOMERS / OTHERS

1. Do you assume any liability under your contractual agreements with customers? ☐ Yes ☐ No
If "yes", please attach copy of the contract.
2. 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.
3. Is your organization exonerated from being liable for failure to supply water to customers? ☐ Yes ☐ No
If "yes", please provide a relevant copy of the act (incorporating the organization) that exonerates your organization.

MISCELLANEOUS OPERATIONAL ISSUES

1. Are major expansions or construction projects anticipated in the early future? ☐ Yes ☐ No
If "yes", please provide brief details: _____
2. Does your organization have an emergency plan? ☐ Yes ☐ No
If "yes", please attach one or more samples of your plan.
3. Is your water / irrigation system guarded against vandalism or malicious damage? ☐ Yes ☐ No ☐ Not Applicable
If "yes", please attach description.
4. Please complete the "Heavy Equipment Form" with details of any unlicensed mobile equipment owned or leased by your organization.

MISCELLANEOUS LIABILITY ISSUES

1. Will your organization be hosting any events involving service, sale or consumption of alcohol in the upcoming year? ☐ Yes ☐ No
2. Will you be hosting other special events where a large concentration of people is expected? ☐ Yes ☐ No
3. Do you rent or lease any space in your buildings to other groups or organizations as tenants? ☐ Yes ☐ No
4. Do you operate or perform any activities outside of Alberta? ☐ Yes ☐ No
5. Do you provide or offer any legal or financial advice? ☐ Yes ☐ No
6. Do you conduct any scientific, chemical, or similar research? ☐ Yes ☐ No
7. Do you provide or offer any sort of professional service to others that would usually require a fee being charged / paid? ☐ Yes ☐ No
8. Does anything you do involve handling materials that are environmentally sensitive or potential pollutants? ☐ Yes ☐ No

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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