



2510 Sparrow Drive, Nisku, AB T9E 8N5 | Phone: 780.955.3639 Fax: 780.955.3615 | renewal@rmainsurance.com

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:

MEMBER NO.:

MAILING ADDRESS:

POSTAL CODE:

CONTACT PERSON:

PHONE NO.:

POSITION:

EMAIL:

ANNUAL REVENUE: \$

ANNUAL PAYROLL: \$

NO. OF EMPLOYEES:

NO. OF CONTRACT EMPLOYEES:

NO. OF VOLUNTEERS:

IS THE DISTRICT LICENSED? ☐ Yes ☐ No

DOES THE ORGANIZATION HAVE AN APPROVAL TO
OPERATE UNDER THE ALBERTA ENVIRONMENTAL
PROTECTION AND ENHANCEMENT ACT?

☐ Yes ☐ No

List all employee positions:

List all volunteer positions:

OPERATIONS

1. How long has the organization been in operation? _____
2. Please provide the number of customers served: _____
3. Is the water provided to customers intended for:
 - a. Human Consumption: _____
 - b. Agricultural Purposes: _____

LIABILITY WATERWORKS RENEWAL APPLICATION

4. Are major expansion, construction projects anticipated in the immediate future? ☐ Yes ☐ No

a. If 'yes', please provide details: _____

5. Annual number of cubic meter / gallons of water sold: _____

a. Annual Receipts: \$ _____

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: _____

STORAGE FACILITIES

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

1. Dams

a. Name: _____

b. Age: _____

c. Location: _____

d. Dimensions and water rights: _____

e. Branch dam classifications: _____

2. Reservoirs

a. Location: _____

b. Age: _____

c. Capacity: _____

3. Miscellaneous Storage Tanks: _____

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? _____

LIABILITY WATERWORKS RENEWAL APPLICATION

- b. If 'yes', detail the chemicals used and how purification / treatment is done: _____
- c. If 'yes', by who? _____
6. Is the water guarded against vandalism? ☐ Yes ☐ No
- a. If 'yes', Please provide details: _____

LIABILITY

7. Does the Organization have signed contracts with each of its customers? ☐ Yes ☐ No
- a. If yes, does the customer contract limit the Organization's liability for failure to supply water? ☐ Yes ☐ No
8. Please provide a sample customer contract.

SUBCONTRACTED WORK

1. What kind of work is subcontracted? _____
2. Do subcontractors provide evidence of insurance? ☐ Yes ☐ No
3. Cost of work sublet: \$ _____
4. Please provide details of any mobile equipment leased or owned by the Organization other than vehicles licensed and insured for public roads: _____

COMMERCIAL GENERAL LIABILITY INSURANCE

1. Does the Organization carry liability insurance in addition to policies through RMA? ☐ Yes ☐ No
- a. If 'yes', please describe the policies, their coverage, and limits: _____

OTHER

Description of all operations undertaken by the Organization should relate solely to operations in addition to the water system previously described:

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: _____

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