



Water Supply Companies And Irrigation Systems Supplemental Application

Date: _____

Name of Applicant: _____

State/Area of Operations: _____ Web Site Address: _____

Provide details of all your operations: _____

Do you have other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

Water Supply Company

1. Applicant's Operations:

Annual payroll: \$ _____ Number of gallons distributed annually: _____

Maximum annual capacity: _____

Miles of pipe: _____ Total number of employees: _____

Number of users: Residential _____ Commercial _____ Industrial _____

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

Are all facilities fenced? ☐ Yes ☐ No

Is water provided to neighboring entities? ☐ Yes ☐ No

If yes, describe and provide copies of contracts: _____

2. Source of water supply (lake, well, etc.): _____

Age of system: _____ Year last upgraded: _____

Composition of pipe:

Lead _____% Cast Iron _____% Asbestos _____%

Plastic _____% Clay _____% Other _____%

Water lines less than 8" diameter _____%

3. Has utility completed monitoring for lead in drinking water? ☐ Yes ☐ No

If yes: 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 corrosion control, source water, public education or lead service line replacement:

4. How often is water tested? _____

Which regulatory agency is used? _____

5. Has system ever been cited or fined for non-compliance with required standards? ☐ Yes ☐ No

If yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s):

6. Does Organization contract any part of water operations (construction, maintenance, inspection, etc.)?.. ☐ Yes ☐ No

If yes, provide certificates of insurance.

Irrigation Systems/Reclamation Districts

1. Applicant's Operations:

Annual Payroll: \$ _____

Number of gallons and/or acre feet of water used annually: _____

Number of pumps: _____

Annual budget: \$ _____

Miles of irrigation ditches and their age: _____

Miles of: Pipe _____ Canals _____

Watercraft used in operations?..... ☐ Yes ☐ No

If yes, number of: Owned _____ Leased _____ Rented _____

Number of Dams/Reservoirs: _____ If any, complete Dam Questionnaire GLS-113.

What recreational use is allowed?

☐ Fishing

☐ Hunting

☐ Hiking

☐ ATVs/snowmobiles

☐ Other

☐ None

2. Length of time board members/management team in place: _____

3. New construction or additions planned? ☐ Yes ☐ No

If yes, provide details of operations and when scheduled: _____

4. Does organization contract any operations (construction, maintenance, inspection, etc.)? ☐ Yes ☐ No

If yes, advise and provide certificate of insurance. _____

5. Loss Exposures:

Weed control operations? ☐ Yes ☐ No

If yes, describe the method and frequency: _____

Contaminated water sources in the past five years? ☐ Yes ☐ No

If yes, explain: _____

Flood losses in the past 10 years? ☐ Yes ☐ No

If yes, describe: _____

Pollution incidents in the last five years? ☐ Yes ☐ No

If yes, explain: _____

Pollution Liability Policy: Insurance Company _____

Policy Number: _____ Effective date: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract, should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such persons to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____
