

## Water & Sewer District Supplemental Application – General Liability

### Section A - General Information

Our company needs its quotation No Later Than: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

How did you hear about WaterColor Management? \_\_\_\_\_

1. Business Name \_\_\_\_\_

dba \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Physical Address \_\_\_\_\_

4. Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

5. Company Officer in Charge of Insurance: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Facebook Page: \_\_\_\_\_

Website: \_\_\_\_\_

6. Your Business is a:      Corporation      Partnership      Sole-Proprietorship      Other

If "Other," please specify \_\_\_\_\_

7. How many years has your company been in business? \_\_\_\_\_ No. of Employees \_\_\_\_\_

8. FEIN# \_\_\_\_\_ No. of Autos Used in Business \_\_\_\_\_ Annual payroll \$ \_\_\_\_\_

9. Does your company have Branches at other locations?      Yes      No

*If yes, please list number (\_\_\_\_) and addresses of other locations: (Use Separate Sheet)*

10. How many years has the current management been in place? \_\_\_\_\_

11. Does your company currently have a specific organized Safety Program?                      Yes                      No
12. Are you a member of any organizations: NRWA \_\_\_\_\_ State RWA \_\_\_\_\_ Other: \_\_\_\_\_
13. Are you adding corrosion protection inhibitors?                      Yes                      No
14. Are you following the State Drinking Water Act regulatory requirements?                      Yes                      No

**PART I – WATER DISTRICT**

Who owns the applicant facility? \_\_\_\_\_

What was the annual distribution of water last year? \_\_\_\_\_ gallons

What is the projected distribution of water for the coming year? \_\_\_\_\_ gallons

What is the maximum annual water distribution capacity? \_\_\_\_\_ gallons

What was the total water distribution revenue last year? \$ \_\_\_\_\_

How many connections are \_\_\_\_\_ Domestic \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial

What percentage of use is: \_\_\_\_\_ Domestic \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial

1. What is the source of the water Supply? \_\_\_\_\_
2. How is the water stored? **(Check all that apply)**

Open reservoir	Number of gallons: _____
Open surface tanks	Number of gallons: _____
Elevated tanks	Number of gallons: _____
Enclosed ground level tanks	Number of gallons: _____
3. Composition of distribution mains and pipe:
 

Lead: _____%	Cast Iron: _____%	Asbestos: _____%
Plastic: _____%	Clay: _____%	other (specify): _____%
4. If there is lead pipe, is lead testing conducted?                      Yes                      No
5. Number of users: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_ Agricultural: \_\_\_\_\_
6. Number of: Water tanks: \_\_\_\_\_ Water treatment plants: \_\_\_\_\_ Water towers: \_\_\_\_\_
7. Is security provided at treatment plants and open storage areas?                      Yes                      No

7.A. Describe the security provided: \_\_\_\_\_

\_\_\_\_\_

8. Is water provided to neighboring entities? Yes No
9. Is water distributed from any open reservoir or open storage directly to users? Yes No
10. Is waterline construction done by the Applicant? Yes No
11. If yes, what operations are sub-contracted?

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11. A. What are the sub-contracted costs? (if applicable): \$ \_\_\_\_\_

11. B. Are Certificates of Insurance required from the sub-contractors? Yes No

11. C. Is the District listed as an Additional Insured? Yes No

12. Is the waterline maintenance done by the Applicant? Yes No

If yes, what operations are sub-contracted?

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13. Number of miles of pipes: \_\_\_\_\_

a. Approximate percent of waterlines (mains) more than 8-inch diameter: \_\_\_\_\_%

b. What is the age of the oldest waterline? \_\_\_\_\_

c. What is the mileage of the oldest waterline? \_\_\_\_\_

14. How often are water mains/lines inspected by line cameras? \_\_\_\_\_

15. How often are water mains/lines cleaned? \_\_\_\_\_

16. Please describe the overall type of piping used, the maintenance program, and the replacement program:

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17. Has the Applicant completed monitoring for lead in the drinking water? Yes No

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 (a) corrosion control, (b) source water, (c) public education, or (d) lead service line replacement as applicable.**

How often does the Applicant test for other contaminants? \_\_\_\_\_

By which regulatory agent? \_\_\_\_\_

18. Does the Applicant have a fully computerized water system (i.e. SCADA)?      Yes      No

19. What water chemicals are used by the Applicant?

\_\_\_\_\_

20. How often are filters within the treatment and distribution system changed? \_\_\_\_\_

21. Has the Applicant ever been cited or fined for non-compliance of required standards? **If yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s).**      Yes      No

22. Does the operation utilize submersible pumps below fifty (50) feet?      Yes      No

If yes, indicate horsepower: \_\_\_\_\_

a. Is a preventative maintenance program or annual service contract in place?      Yes      No

b. Please indicate (if any) the services performed on deep well pumps:

Sampling of pump discharge for sediments?      Yes      No

Bearing lubrication?      Yes      No

Motor amperage draw?      Yes      No

Routine checks of all packing glands?      Yes      No

23. Bridges, Dams, Lakes

a. How many bridges are owned or maintained by the entity? \_\_\_\_\_

b. How often are brides inspected? \_\_\_\_\_

c. How many bridges have not passed inspection? \_\_\_\_\_

- d. How many dams are owned or maintained by the applicant? \_\_\_\_\_
- e. How often are they inspected? \_\_\_\_\_
- f. How many dams have not passed inspection? \_\_\_\_\_
- g. How many acre feet of water are impounded by the dam? \_\_\_\_\_
- h. How many lakes are owned or maintained by the entity? \_\_\_\_\_
- i. Is recreation allowed on or at the lake(s)                      Yes                      No
- j. Describe the recreational activities if allowed: \_\_\_\_\_  
\_\_\_\_\_

**PART II – SEWER DISTRICT**

What was the annual sewage collection last year? \_\_\_\_\_gallons

What is the projected sewage collection for the coming year? \_\_\_\_\_gallons

What is the maximum annual sewage collection and treatment capacity? \_\_\_\_\_gallons

What was the total sewage revenue last year? \$ \_\_\_\_\_

How many connections are \_\_\_\_\_Domestic \_\_\_\_\_Commercial \_\_\_\_\_Industrial

What percentage of connections are: \_\_\_\_\_Domestic \_\_\_\_\_Commercial \_\_\_\_\_Industrial

Is there complete separation of storm and sanitary sewers?                      Yes                      No

What customer is the largest single discharger into your sewer system?  
\_\_\_\_\_

What system is in place to prevent sewage backup into user’s homes and businesses? Describe  
\_\_\_\_\_

Are all large agricultural and industrial customers required to pre-treat industrial or agricultural wastes before discharging sewage into the sewer system?                      Yes                      No

Is a monitoring system in place to determine if industrial or agricultural wastes are in violation of your standards?  
Yes                      No

Where is your effluent discharged? \_\_\_\_\_

What level of treatment is your final effluent discharge? \_\_\_\_\_

Do you have a Discharge Permit?                      Yes                      No. If "Yes" please attach a copy. If "No" Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Water and/or Sewer Service Population History**

YEAR	POPULATION

**Please Attach a Copy of Your Current Budget Report**                      \_\_\_\_\_ Yes, Attached

**Section B – Workers Compensation**

1. Do you require Stop Gap Coverage in the following States?

Ohio, North Dakota, Washington, Wyoming?                      Yes                      No

If "Yes," please list the annual payroll in those states. \$ \_\_\_\_\_

2. What is the payroll of your company excluding all officers? \$ \_\_\_\_\_

3. What is the payroll of for the officers in your company? \$ \_\_\_\_\_ Incl.                      Excl.

4. List your current payroll by Classification below: ( Use a separate sheet for each state )

STATE	CLASS	# OF EMPLOYEES	GENERAL WORK DESCRIPTION	ANNUAL PAY
	8742		Company Owners or Corp Officers	
	8742		Outside Sales	
	8601		Consultant - Outside	
	8603		Consultant – Inside	
	4511		Chemical Analyst	
	8018		Distributor	
	8742		Mfg. Representative	
	5183		Field Technician-Water Treatment	
	4828		Chemical Mixing or Blending	
	5183		Water Softening/Filter Installation	
	8810		Clerical	

5. Has your company been issued an Experience Rating Modification (MOD)? Yes  No

6. If “YES” what is your MOD? \_\_\_\_\_

### Section C – Auto

1. How many company owned autos do you have? \_\_\_\_\_

2. Please complete the following chart:

NO. AUTOS	TYPE OF AUTO	MAKE/MODEL	COST NEW	STATE VEH IS LICENSED IN
	Passenger			
	SUV			
	Pick Up			
	Van			
	Box Truck			
	Semi Tractor			
	Heavy > 20,000 < 45,000 Pound			
	Extra Heavy > 45,000 Pounds			
	Trailers			

3. Please complete driver information: (If more than 9 drivers, please use separate sheet)

DRIVER NAME:	DATE OF BIRTH:	SS NUMBER:	LICENSE	LICENSE NUMBER:

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, this Applicant will notify the Company of such changes and the company may modify or withdraw the quote or binder.

The signing of this Application does not bind the company to offer, or the Applicant to purchase the policy.

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANYTIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

\_\_\_\_\_  
NAME (PLEASE PRINT/TYPE)

\_\_\_\_\_  
TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

\_\_\_\_\_  
PRODUCER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
PRODUCER LICENSE NUMBER  
(If this Florida Risk, Producer means Florida Licensed Agent)

\_\_\_\_\_  
ADDRESS (STREET, CITY, STATE, ZIP)