WATER SUPPLY COMPANIES AND IRRIGATION SYSTEMS SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD General Liability Application)

Date: ______________________

Name of Applicant: ______________________

State/Area of Operations: ______________________ Website 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 ten (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 person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

APPLICANT’S STATEMENT:
I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: ____________________ DATE: __________
CO-APPLICANT’S SIGNATURE: ____________________ DATE: __________
PRODUCER’S SIGNATURE: ____________________ DATE: __________

IMPORTANT NOTICE
As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.