



[Casualty Application]

WATERWORKS QUESTIONNAIRE



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WATERWORKS QUESTIONNAIRE

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Previous Insurer: _____ Expiry Date: _____ Expiring Premium: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No
If yes, please provide details:

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

PART 2 GENERAL LIABILITY UNDERWRITING INFORMATION

1) How long has the Water District been in operation?

Is the District licensed? Yes No *(If yes provide copy)*

2) Description of Water System and Number of Customers served:

a) Domestic: _____

b) Industrial / Commercial / Restaurants: _____

c) Farms: _____

3) Describe source of water system (i.e. ground water/wells, surface water/rivers, reservoirs, irrigation canals):

4) Describe the Water Delivery System, including age, condition, filtering and construction of pipes:

5) Describe storage facilities, including reservoirs, tanks, dams or other, including location and age:

a) Dams (state Name, Age, Location, Dimensions and Water Rights Branch Dam Classification):

b) Reservoirs (State Location, Age and Capacity):

c) Miscellaneous Storage Tanks etc:

6) WATER TESTING:

a) How frequently is Water tested for Organic Contaminants, Bacteria and Chemicals?

b) Is the water checked for heavy metal content?

c) Who performs the testing?

d) What are the qualifications of the "Tester"?

e) Describe the testing procedures:

f) Describe procedures if contaminants are found:

7) Provide details of water analysis records kept by the District:

8) Have there ever been problems with the water quality? Yes No

If yes provide details:

9) Does the District have an emergency plan? Yes No *(Provide details – attach a copy if available)*

10) Is Water Purification / Treatment performed? Yes No Frequency:

Details, including chemicals used and how purification / treatment is done:

11) Is the water guarded against vandalism? Yes No

Details:

12) Is liability assumed under contract? Yes No

If yes provide details:

13) Is Water Works District exonerated from liability for Failure to Supply Water to their customers? Yes No

If yes provide relevant copy of the Act (Incorporating the water works district) that exonerates the Water Works District.

14) Are major expansion or construction projects anticipated in the immediate future? Yes No

If yes provide details:

15) Provide details about any business or operation (existing or closed) that could contaminate the water supply (e.g. farms, industry, dumps, landfill sites, sewage treatment):

16) State the number of employees in the District and their positions:

Gross Payroll: \$

17) Are all employees covered by Workers' Compensation? Yes No

18) Annual Cubic Meters / Gallons of water sold:

Annual Receipts: \$

19) Is any work subcontracted? Yes No

If yes, explain:

20) Do subcontractors provide evidence of insurance? Yes No

Cost of work sublet \$

21) Details of unlicensed mobile equipment owned or leased by the District:

22) Number of trenches or "manholes" _____

Are they left open after hours? Yes No

23) Are you in possession of any specific information or constructive knowledge of any circumstances that might lead to a claim under the policy applied for? Yes No

If yes, explain:

PART 3 MISCELLANEOUS INFORMATION

Please provide any additional information that may be pertinent in the assessment of this Applicant:

PART 4 COVERAGE REQUIREMENTS

Limit(s) of Liability Insurance required: \$ _____

Deductible Requested: \$ _____



NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: