

Roush Insurance Services, Inc.

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Water Supply Companies And Irrigation Systems Supplemental Application

(Complete in addition to ACORD General Liability 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?

- | | | |
|---|----------------------------------|---------------------------------|
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Hunting | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> ATVs/snowmobiles | <input type="checkbox"/> Other | <input type="checkbox"/> 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: _____
