



SCOTTSDALE INSURANCE COMPANY®

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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?  
 Fishing  Hunting  Hiking  
 ATV's/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 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.

**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.

**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.

NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT'S LICENSE NUMBER: \_\_\_\_\_

**(Applicable to Florida Agents Only.)**

Name and Phone Number of person to contact for inspection and/or premium audit purposes:

\_\_\_\_\_